

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**6689** - 62-024520  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

|   |   |   |  |
|---|---|---|--|
| <b>FILED JUL 12 1962</b>  |   |   |  |
| <p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>St. Louis, MO.</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, MO.</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b></p> | <p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b></p> <p>c. CITY OR TOWN <b>Imperial</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>Rural</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |   |  |
| <p><b>3. NAME OF DECEASED</b> (Type or print) First <b>Christina</b> Middle <b>Creelius</b> Last <b>Creelius</b></p>  |   |   |  |
| <p><b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>5</b> Year <b>1962</b></p>  |   |   |  |
| <p><b>5. SEX</b> <b>Female</b></p>  | <p><b>6. COLOR OR RACE</b> <b>White</b></p>   | <p><b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br/><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p> | <p><b>8. DATE OF BIRTH</b> <b>5/4/1894</b></p> |
| <p><b>9. AGE</b> (last birthday) <b>68</b></p>  |   | <p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b></p>  |  |
| <p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b></p>   |   | <p><b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b></p>  |  |
| <p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b></p>   |   | <p><b>13a. FATHER'S NAME</b> <b>Herman Moeller</b></p>  |  |
| <p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Unavailable</b></p>  |   | <p><b>14. NAME OF HUSBAND OR WIFE</b> <b>Jesse</b></p>  |  |
| <p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b></p>   |   | <p><b>16. SOCIAL SECURITY NO.</b> <b>Nil.</b></p>   |  |
| <p><b>17. INFORMANT</b> <b>Jesse Creelius, Imperial, Mo.</b></p>  |   | <p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>   |  |
| <p>IMMEDIATE CAUSE (a) <b>Encephalomalacia</b></p>  |   | <p>INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b></p>   |  |
| <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Interventricular Hemorrhage</b></p>   |   | <p><b>2 days</b></p>  |  |
| <p>DUE TO (c) <b>Essential Vascular Hypertension</b></p>  |   | <p><b>10 yrs</b></p>  |  |
| <p>PART II. OTHER SIGNIFICANT CONDITIONS-CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b></p>  |   | <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>             |  |
| <p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>  |   | <p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>   |  |
| <p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>  |   | <p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>   |  |
| <p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/></p>  |   | <p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>  |  |
| <p><b>20f. CITY, TOWN, OR LOCATION</b> _____</p>  |   | <p><b>20g. COUNTY</b> _____</p>   |  |
| <p><b>20h. STATE</b> _____</p>  |   | <p><b>21. I attended the deceased from</b> <b>7/3/62</b>, to <b>7/5/62</b> and last saw her alive on <b>7/4/62</b></p>  |  |
| <p><b>21. Death occurred at</b> <b>5:30 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>  |   | <p><b>22a. SIGNATURE</b> (Degree or title) <b>Frede Mortensen MD</b></p>  |  |
| <p><b>22b. ADDRESS</b> <b>3701 Graedel Sq</b></p>   |   | <p><b>22c. DATE SIGNED</b> <b>7/6/62</b></p>  |  |
| <p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b></p>  |   | <p><b>23b. DATE</b> <b>7-7-62</b></p>   |  |
| <p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cemetery</b></p>   |   | <p><b>23d. LOCATION</b> (City, town, or county) <b>Lemay, Missouri</b></p>  |  |
| <p><b>24. FUNERAL DIRECTOR</b> <b>Heiligtag Funeral Home, Imperial, Mo.</b></p>   |   | <p><b>25. DATE RECD. BY LOCAL REG.</b> <b>JUL 6 1962</b></p>  |  |
| <p><b>26. REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b></p>   |   | <p>_____</p>  |  |

VS 300  
Rev. 4/59

1  
*05004*

3

4 *1*

5 *1*

6

7 *0*

8 *1*

9

10

11

12 *65-0*

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*65*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address Shoreline

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.