MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10806

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City. St Louis (No. 4339 Olive St St. ..... Ward)

File No.....

Registered No. 2626

2. FULL NAME Evelyn Elizabeth Creelman

(a) Residence. No. 4339 Olive St St., 19 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	16	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at school

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maryville Del
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J A Creelman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Blomquist

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sweden
(STATE OR COUNTRY)

14. INFORMANT J A Creelman
(Address) 4339 Olive St

15. FILED MAR -9 1928 19 Mae B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27 - 1928, to Mar. 6 - 1928 that I last saw h. alive on Mar. 4 - 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. W. Flournoy, M. D

, 19 (Address) 5003 Delmar St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cowan Penn — DATE OF BURIAL 3/9 1928

20. UNDERTAKER A Ellis 5244 Delmar — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.