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

APR 30 1930

Do not use this space. 10169

1. PLACE OF DEATH

County ST. LOUIS

Township BRONDELET

City Affton Mo (No. RR#1 - Affton Mo St. ..... Ward)

Registration District No. 1129

Primary Registration District No. 6240 G

File No. .....

Registered No. 59

2. FULL NAME Augusta M Creeclius

(a) Residence. No. RR#1 - Affton Mo St., ... 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry P Creeclius

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 3-1850

7. AGE: YEARS 80 | MONTHS 2 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Affton Mo

PARENTS

10. NAME OF FATHER: Hartman Herbel

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Henry P Creeclius
(Address) RR#1 - Affton Mo

15. FILED Mch. 7, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 5 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Mar 5, 1930, that I last saw her alive on Mar 5, 1930, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY): Valvular Disease of Heart (duration) 2 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? —

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Andrew Youngman, M. D.

3/5, 1930 (Address) Sappington 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: Sunset

DATE OF BURIAL: Mar 8 1930

20. UNDERTAKER: Wacker - Helderle

ADDRESS: 2331-S Bdwy

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.