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

Do not use this space.

31025

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7703

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Charles E. Creswick

(a) Residence, No. 760 Greeley ave. St., 17 Ward. Webster Grove, Mo.
(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowder

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian Creswick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9. 1868

7. AGE: YEARS 64 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pet Salesman
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mulberry Grove Ill.

FATHER

13. NAME: Wm. G. Creswick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Elmeyra A. Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Geo Gillen 760 Greeley ave Webster Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Belleville Ill DATE: Sept 6, 1933

19. UNDERTAKER (ADDRESS): E. F. Oltmann Union Mo

20. FILED: SEP 6 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1933, to Sept 5, 1933

I last saw him alive on Sept 4, 1933 Death is said to have occurred on the date stated above, at 5 45/9 m.

The principal cause of death and related causes of importance were as follows:

Epidemic Encephalitis — Date of onset 8/25/33

Other contributory causes of importance ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 2924 S. Grand Av

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

OCT 20 1933