MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH No. 791

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. FEB 8 1937 1003 File No. 3756

30 Township ..... Primary Registration District No. ..... Registered No. 792

9 City ST. LOUIS MO. (No. 4025 EASTON AV. St. ..... Ward)

2. FULL NAME LOUISE MARY CREELY

(a) Residence, No. 4025 EASTON AV. 11 Ward. 1
(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: Wh
5. ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ (*write* the word): WIDOW

5A. IF ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: MICHAEL CREELY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 14-1853

7. AGE: YEARS 83 | MONTHS 5 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEKEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home 11234
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): FLORISSANT MO. 1

FATHER

13. NAME: John WASHAW.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO. 1

MOTHER

15. MAIDEN NAME: MARTHA MARESHEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO. 1

17. INFORMANT (ADDRESS): John CREELY 4025 EASTON AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE: ST. FERDINAN CEM. DATE: JAN. 20, 1937

19. UNDERTAKER (ADDRESS): E. J. Schmur 3125 Lafayette Av.

20. FILED: 8 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937, to Jan 17, 1937. I last saw her alive on Jan 17, 1937. Death is said to have occurred on the date stated above, at 3:23 p.m.

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

acute Bronchitis — Date of onset: 7 days

97

Other contributory causes of importance:
Arterio Sclerosis
and Mitral regurgitation

Name of operation: none Date of .....

What test confirmed diagnosis? usual 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) W. W. Gilbert, M. D.
(Address) 4103 Easton Ave

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.