

REC'D JAN 17 1938

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

41589  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 11281  
 (c) City ST LOUIS MO. (d) Street No. 3642 WYOMING ST. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3642 WYOMING ST. St. 16 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWER  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMMA CREISSEN.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13 1861  
 7. AGE YEARS 77 MONTHS 8 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. OWNER  
 9. Industry or business in which work was done, as saw mill, bank, etc. HARDWARE STORE  
 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) FRANCE

FATHER 13. NAME JULES CREISSEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

MOTHER 15. MAIDEN NAME FRANCES SCHMIDT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

17. INFORMANT (ADDRESS) MRS. ADELINE FLOERKE  
3642 WYOMING ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CEM. DATE JAN 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur  
3125 Lafayette Ave.  
J. B. Beck

20. FILED DEC 31 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Dec 29, 1938  
 I last saw him alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Coronary Sclerosis  
Date of onset 3/7

Other contributory causes of importance 93C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Symptom 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) Edward Thomas M. D.  
 (Address) 1504 So Grand Blv.

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.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Joseph Wollman*.....

Licensed Embalmer No. *4014*.....

P. O. Address *3125 Lafayette Ave.*.....

**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 this body is not embalmed, above space should be left blank.**