

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

I X12004

23 1939

REC'D FEB 7 1939

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

3812
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 20
(c) City Lemay (d) Street No. 4th House No. of #61 on Lindbergh 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 Charlotte F. Crecelius

(a) Residence, No. Route # 8 Box 408 Lemay, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. F. Crecelius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis, Mo.

FATHER 13. NAME Charles P. Mueller

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

MOTHER 15. MAIDEN NAME Louisa Hill

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

17. INFORMANT (ADDRESS) Margaret Crecelius
Route # 8 Box 408 Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Now St. Johns Cem. DATE Jan. 84 1939

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U. & L. Co.
7814 S. Broadway

20. FILED JAN 23 1939 P. R. Meyer M.D. Local Registrar. 784 (Address) Capplington Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938, to Jan 21, 1939

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 6.30 P.M.

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

Cholelithiasis Date of onset 1937
Perforation of Gall Bladder 1/9/39
Other contributory causes of importance: Chronic Typhoiditis 1937

Name of operation Date of
What test confirmed diagnosis? 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) Arthur J. J. J. J. M. D.
Capplington Mo

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.

J. A. Young
4602 Girard

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)