No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20221

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5033

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4340a Ashland Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 1710 (If outside city or town limits, write "RURAL")

(d) Street No. 4340a Ashland Ave 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Beryle Creamer

3. (b) If veteran, name war no

3. (c) Social Security No. 493-05-7471

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur Creamer

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept. 5, 1911 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	9	12	hr. min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Niles Mc Gee
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Kate Conrad
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Arthur Creamer
(b) Address 4340a Ashland Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart
(b) Address 2228 St. Louis Ave

19. (a) JUN 19 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from March 29, 1941, to June 17, 1941 that I last saw her alive on June 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Gastric (metastis colon & liver) — Duration 5 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Inoperable Gastric Carcinoma

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Sainsbury (M. D. [redacted])
Address 3258 Lafayette Date signed 6-18-41

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.