

FILLED NOV 24 1941
Registration District No. 19491

Primary Registration District No. 1003

Registrar's No. 8138

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:
1323a S. Broadway. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edward S. Creighton.

3. (b) If veteran, name war. No. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Laura Creighton. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 20 1878.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 21. hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed, Leather Auto Tr

11. Industry or business.....

12. Name Charles Creighton.

13. Birthplace U.S.A. 1
(City, town, or county) (State or foreign country)

14. Maiden name Marie Scott.

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Creighton.

(b) Address 1411a N. Market St.

17. (a) Burial (b) Date thereof 10-13-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.

(b) Address 2226 St. Louis Ave.

19. (a) OCT 13 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis. 23
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1323a S. Broadway. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

See attached by Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1941 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Hypertrophy;
Coronary Sclerosis
Due to Nephritis Chronic Interal

Due to.....
Other conditions (include pregnancy within 3 months of death) 1316

Major findings:
Of operations.....
Of autopsy.....

Duration

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?..... Means of injury 3
23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy Physician Date signed 10/12/41

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

1941 10 11

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

Not Embalmed