

No. 2  
-1-4-41  
5-17-39  
1 X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

H21440  
State File No. 36041  
Registrar's No. 2283

Registration District No. 789

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(c) Name of hospital or institution 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2534 Gerhard Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Creighton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 21, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 18 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Henry Weatherly  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Creighton  
(b) Address 2534 Gerhard Ave.

17. (a) Removal (b) Date thereof Nov. 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Leathers Mo.

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave

19. (a) NOV 12 1941 (b) S. M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11  
year 1941 hour 5:12 minute A. M.

21. I hereby certify that I attended the deceased from 10/26/41  
19 \_\_\_\_\_ to 11/11 19 41  
that I last saw her alive on 11/10/41  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration \_\_\_\_\_

Due to Arterio Sclerotic C.V.R. Disease  
Lobar Pneumonia  
Due to Uremia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none  
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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature John A. ... (M. D. or other) MD  
Address 71648 Oakview Date signed 11/17/41

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

96  
25

107

*Dr. Brisco*  
*Oakview Terrace*

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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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

**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.**