S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36862

Registrar's No. 9092

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: City Hospital # 1 0
(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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County

(c) City or town St. Louis 1113
(If outside city or town limits, write "RURAL")

(d) Street No. 5319 Gilson Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August Creel

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose Creel

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. (Month) 9th (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Belgium 4 (State or foreign country)

10. Usual occupation Building Laborer

11. Industry or business

FATHER
12. Name John Creel
13. Birthplace (City, town, or county) Belgium 4 (State or foreign country)

MOTHER
14. Maiden name Philomena Duraga
15. Birthplace (City, town, or county) Belgium 4 (State or foreign country)

16. (a) Informant Rose Creel
(b) Address 5319 Gilson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 17 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1941 hour 2:15 minute P.M. M.

21. I hereby certify that I attended the deceased from May 2, 1941, to Nov 14, 1941; that I last saw him alive on May 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	5 yrs
Due to Cardiac Failure	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Adam E. Youngman (M. D. or other) 11/17/41
Address 5439 Gravois Date signed

(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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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