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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34673

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 51

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre Tow.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
227 Hill St.
(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. Francois 94
(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 227 Hill St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Elizabeth Creglow

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James J. Creglow
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased December (Month) 29 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	14	hr. min.

9. Birthplace Perry County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Hutson
13. Birthplace Perry County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susie Elizabeth Johnson
15. Birthplace Perry County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James J. Creglow
(b) Address Bonne Terre, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memorial
18. (a) Signature of funeral director Benham Undertaking Co.
(b) Address Bonne Terre, Missouri
19. (a) 10-20-1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1942 hour 7:00 minute — P M.
21. I hereby certify that I attended the deceased from about 1928, 19..., to Oct 13, 1942 that I last saw her alive on Oct 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchitis (chronic)	
Due to Long Standing	
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	
Major findings: Of operations 106 b	
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 3
23. Signature B. J. Mavitz (M. D. or other) DO
Address Bonne Terre Mo Date signed 16

1176 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 42-3314

Date Filed 11-5-42

DEC 1 1942

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~~ Eleuan Province, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, Missouri

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.