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1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community 50 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4214 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Henry Creighton
3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 702-12-6770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12/27/42
year 1942 hour 6:55 minute 31 M.
21. I hereby certify that I attended the deceased from 12/10/42
to 12-27-42, 1942;
that I last saw him alive on 12-27-42, 1942;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Blanche Creighton 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 18. 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs.
Coronary Occlusion 1 wk

8. AGE: Years Months Days If less than one day
61 4 9 hr. min.

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None

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

10. Usual occupation Railroad Engineer

11. Industry or business Terminal R. R. Co.

12. Name Joseph Creighton

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant James H. Creighton

(b) Address 5593 Floy Ave.

17. (a) Burial (b) Date thereof 12/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Jefferson Barrack, Mo

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 28 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....
23. Signature [Signature] (M. D. or other)
Address Imperial Hosp. Date signed 12/27/42

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

MOTHER FATHER

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..... *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address..... *2117 E. Grand*

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.