

FILED MAY 13 1948

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo., 5 days
(Specify whether years, months or days)
In this community 30 Years

3. (a) PRINT FULL NAME JOSEPH THOMAS CRESSWELL

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

4. Sex M 5. Color or race O 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 22, 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Potosi, Mo. (City, town, or county) (State or foreign country) O

10. Usual occupation Clerk
11. Industry or business Adm. Dept. U. S. Medical

MOTHER FATHER

12. Name George Cresswell
13. Birthplace Potosi, Mo. (City, town, or county) (State or foreign country) O
14. Maiden name Mary Nicholson
15. Birthplace Missouri (City, town, or county) (State or foreign country) O

16. (a) Informant Lillian Cresswell
(b) Address 5722 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44.
(Month) (Day) (Year)

(c) Place: burial or cremation Motor to Jonesburg, Mo.

18. (a) Signature of funeral director A. Y. McLaughlin
(b) Address 2501 Lafayette Ave.

19. (a) MAY 2 1948 (Date received local registrar) J. F. Budeck (Registrar's signature)

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") 17
(d) Street No. 5722 Chippewa (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 14
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27th
year 1944 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 10, 1943, to April 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 hrs

Due to Ch. Intestinal ruptures 3 hrs

Due to Carcinoma of sigmoid Colon

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations Large irreparable carcinoma of Colon 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? _____

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. F. Budeck (M. D. or other) MD
Address 1957 Maryland Date signed 5/28/44

NOTE

NOTE

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..... *L R Cooper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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.