S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38451

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 2680

1. PLACE OF DEATH:

(a) County: St.Louis

(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 614 Weiss ave.
(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:

(a) State: Missouri (b) County: St.Louis 96

(c) City or town: Lemay
(If outside city or town limits, write "RURAL")

(d) Street No.: 614 Weiss ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Caroline Crecelius

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: George W.Crecelius

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

7. Birth date of deceased: March (Month) 12 (Day) 1866 (Year)

8. AGE: Years 79 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: St.Louis Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housework

11. Industry or business .....

FATHER
12. Name: Otto Theiss
13. Birthplace: (City, town, or county) (State or foreign country) Germany

MOTHER
14. Maiden name: Fredericka Dornseil
15. Birthplace: Jefferson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Samuel E.Crecelius
(b) Address: Rt.(.Lemay,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov.24,1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Old St.JohnsCem.Mehlville,Mo.

18. (a) Signature of funeral director: C.Hoffmeister U.&L.Co.
(b) Address: 7814 S.Broadway St.Louis,Mo.

19. (a) 11-26-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1945 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb. 1 1945, to Nov. 22 1945; that I last saw her alive on 11/22/45, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr
Due to: Chronic coronary disease	yrs
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death): cardiovascular disease	years

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 .....

23. Signature: Ernest F. Crecelius (M. D. or other)
Address: 748 Lemay Ferry Rd. Date signed 11/23/45

707 (Licensed Embalmer's Statement on Reverse Side)

DrCrecelius.

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.