

No. 2
-2-43
-17-39
X35697

FILED APR 7 1946

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 926

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3709 Manola
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Creely

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced S / 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 3 1897
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Baton Rouge La.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name Frank Creely

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Leocade Nurdian

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

16. (a) Informant John B. Creely

(b) Address R.R. # 3, Florissant, Mo.

17. (a) Saturday Mar 30-46 (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Fredmond Florissant Mo

18. (a) Signature of funeral director William T. Kelly

(b) Address 7267 Natural Bridge

19. (a) 3-27-46 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 20 1946 to March 26 1946
and that I last saw her alive on March 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 5yr
heart disease

Due to 93d

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? _____

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

23. Signature W.W. Carter (M. D. or other) M.D.
Address 603 Brentwood Date signed 3-27-46

Clayton, Mo.

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

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address 7267 Natural Bridge

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.