S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14212

State File No.

FILED MAY 13 1946

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 262

1. PLACE OF DEATH:

(a) County ST. CHARLES

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

(c) Name of hospital or institution: RR 2 BOX 17 1 (If not in hospital or institution, write street number or location)

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

In this community 2 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES

(c) City or town RURAL 92 (If outside city or town limits, write "RURAL")

(d) Street No. RR 2 BOX 17 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME ORVILLE CREMEENS

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-10-3866

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MABEL CREMEENS

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased OCT. (Month) 24 (Day) 1906 (Year)

8. AGE: Years 39 Months 5 Days 9 If less than one day hr. min.

9. Birthplace BLOOMFIELD (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation GLASS WORKER

11. Industry or business GLASS CO.

FATHER
12. Name WM. CREMEENS
13. Birthplace SHAWNEETOWN (City, town, or county) ILL. 1 (State or foreign country)

MOTHER
14. Maiden name AMANDA UNKOWN
15. Birthplace UNKNOWN (City, town, or county) UNK. 0 (State or foreign country)

16. (a) Informant ROLAND CREMEENS

(b) Address 907 SALISBURY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM. ST. LOUIS MO.

18. (a) Signature of funeral director Gerdmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) April 5-46 (Date received local registrar) (b) E. A. Keithley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 3 year 1946 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from 3/31, 1946, to 4/3, 1946 that I last saw him alive on 4/3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. C. McMurray (M. D. or other) MD

Address Wentzville, Mo. Date signed 4/3/46

2 80 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 5-10-46

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.