S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18023

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1152

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8203 Gravois
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Gardenville (If outside city or town limits, write "RURAL")
(d) Street No. 8203 Gravois (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August P. Crecelius
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Sept. (Month) 15 (Day) 1862 (Year)

8. AGE: Years 83 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. FATHER Name Henry Crecelius
13. FATHER Birthplace Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Louisa Aff
15. MOTHER Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Oscar L. Crecelius
(b) Address 6616 Heege Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 5-27-46 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 1 minute 38 P.M.
21. I hereby certify that I attended the deceased from Feb. 18, 1946, to May 22, 1946 that I last saw him alive on May 22 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis | 3 years |
| Due to Arteriosclerosis | 3 years |
| 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

23. Signature M. R. Wluchi (M. D. or other) MD
Address 8301 Gravois Date signed May 23, 1946

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1949

## 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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address: Overland 14 Mo

**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.**