

FILED NOV 7 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St. Louis G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community Everett & Home Plk (Specify whether years, months or days)

3. (a) PRINT FULL NAME L. J. CREACY
3. (b) If veteran, name war World War One 3. (c) Social Security No. Unknown

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 189 1/2 years
7. Birth date of deceased June 12 1857
(Month) (Day) (Year)

8. AGE: 37 years 55 Months 4 Days 1 If less than one day _____ hr _____ min.

9. Birthplace Stale County, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad man
11. Industry or business Railroad

12. Name John Creacy
13. Birthplace Marengo Pk, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Wanita Lee
15. Birthplace Augusta, Georgia
(City, town, or county) (State or foreign country)

(a) Informant's own signature Mary H Smith
(b) Address 1924 Cole St
(c) Place: burial or cremation Oakdale Cem

18. (a) Signature of funeral director Parsonett-Jordan
(b) Address 1245 Glasgow

19. (a) OCT 24 1946 (Date received local registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 21
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1924 Cole (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13 year 1946 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
Due to Chronic Arteriosclerosis Undetermined
Due to _____

Other conditions (Include pregnancy within 3 months of death) None
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) (d) Means of injury _____
23. Signature Stuart E Taylor (M. D. or other) _____
Address Ray, Mo Date signed 10/24/46

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-1931

No Embalming

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..... *Wm Parrott*

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. *23571-67*

State of *Mo.*
County of *Sr. Louis* } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. *9101*

On this *25* day of *October*, 19*46*, before me appears *Mary F. Smith*, who, upon *her* oath, states that the original record of *birth* death for *L. J. Cressy* died *10-13* born *10-13*, 19*46*, in the State of Missouri, and which was filed at *St. Louis* on *10-13*, 19*46*, should be corrected as follows:

Item No. *3* should read *Harold Har*

Instead of _____

Item No. *3* should read _____

Instead of *Harold Har One*

Item No. *7* should read *June 12 - 1891*

Instead of " " *1907*

Item No. *8* should read *age 55 ~~39~~ 55*

Instead of " *39 ~~55~~*

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Informant
X Affiant *Mary F. Smith* Relationship.

1924 *Case Sr.*
Present Address.

Subscribed and sworn to before me this *25* day of *Oct.*, 19*46*.

My Commission expires *3-4-49* *Paul Paddock* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

35024

6061
68
9561