No. 300
10-48

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20912
5582

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Nil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 0
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Nil
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 17
d. STREET ADDRESS (If rural, give location): 5 6007 Pershing Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Prewitt
b. (Middle):
c. (Last): Creecy

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) '49.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 25 1880
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): St.Louis,Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Edmund P.Creecy
13b. MOTHER'S MAIDEN NAME: Margaret P.Kendall Creecy
14. NAME OF HUSBAND OR WIFE: Marie Shelton Creecy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Marie Creecy — ADDRESS: 6007 Pershing St.Louis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Albuminuria
DUE TO (c) Acute Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — 1 3/2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? — 7890

22. *I hereby certify that I attended the deceased from* June 1, 1949, *to* June 27, 1949, *that I last saw the deceased alive on* June 26, 1949, *and that death occurred at* 6:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. M. Black M.D.
23b. ADDRESS: 705 N. Kingshighway
23c. DATE SIGNED: June 27/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 29, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Kirkwood, 22. Mo.

DATE REC'D BY LOCAL: JUN 28 1949
REGISTRAR'S SIGNATURE: J. B. Sasatin
25. FUNERAL DIRECTOR'S SIGNATURE: Mittelberg Fun'l Home — ADDRESS: Webster Groves 19 Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed St Louis Frank J Day

Signed _____
Student Embalmer

Licensed Embalmer No. 2645

P. O. Address St Louis, 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.