

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43708

FILED JAN 18 1951

1003 State File No. 10036 Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) Pagedale 4291	
c. LENGTH OF STAY (in this place) 2WKS		d. STREET ADDRESS (If rural, give location) 1206 GREGAN PL.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Johns Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) Roy	b. (Middle) Y	c. (Last) Creswell	4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950
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5. SEX M	6. COLOR, OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating Cont.	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Gallatin Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Curastus Creswell	13b. MOTHER'S MAIDEN NAME Amanda McGown	14. NAME OF HUSBAND OR WIFE Eula P. Creswell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. yes	17. INFORMANT'S SIGNATURE OR NAME Eula Creswell	ADDRESS 1206 GREGAN PL.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Embolism		30 min
	DUE TO (c) Adeno-Carcinoma Stomach		6 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis Liver & Lungs			6 mo

19a. DATE OF OPERATION 11/22/50	19b. MAJOR FINDINGS OF OPERATION Adeno adeno carcinoma stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 157X
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22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 24, 1950, that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE S.H. Pranger (Degree or title) M.D.	23b. ADDRESS 04957 Maryland	23c. DATE SIGNED 11/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. NOV 27 1950	REGISTRAR'S SIGNATURE J.P. Sauter	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons 6175 Delmar	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10036

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.

Student
Student Embalmer

Signed

Gas. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6175 Pleasant

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.