

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

546 State File No. 39564

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 547 Registrar's No. 2607

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>		c. CITY OR TOWN <u>UNIVERSITY CITY</u>	
c. LENGTH OF STAY (in this place) <u>5 WEEKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EDGEMOOD RETREAT HOME</u>		e. STREET ADDRESS (If rural, give location) <u>7312 NORTHMOOR DRIVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNARD</u> b. (Middle) <u>J.</u> c. (Last) <u>CREAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 9, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 18, 1879</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CONTRACTOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BERNEVILLE, MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>STREET &amp; SELLER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>ANDREW J. CREAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANN CABREL</u>	14. NAME OF HUSBAND OR WIFE <u>BESS MALIN CREAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BESS CREAN, 7312 NORTHMOOR</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart disease</u> DUE TO (c) <u>uremia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>		<u>6 mo</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8, 1954, to NOV 9, 1954, that I last saw the deceased alive on NOV 9, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul B. Vatterott MD</u>	23b. ADDRESS <u>10300 St. Charles Rd</u>	23c. DATE SIGNED <u>11-9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>11/10/54</u>	REGISTRAR'S SIGNATURE <u>Herbert D. Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STOCK MORTUARIES, 889 BRENTWOOD</u>
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(Licensed Embalmer's Certificate on Reverse Side)

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

BEVER

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.....  
Signature of Student Embalmer

Signed *Frank A. Moore*.....

Licensed Embalmer No. 309

P. O. Address 2117 E. 1st

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.