

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

State File No. 43445
11535
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) _____ | | e. STREET ADDRESS (If rural, give location) 5106 Creighton Dr. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital | | | |

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|-------------------------------------------------------------|------------|-------------|-----------|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) Dr. GEORGE HILL CREEGAN | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH Dec. 29 1955 |
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|-------------|------------------------|----------------------------------------------------------------|-------------------------------|------------------------------------|-----------------------------------------|-----------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 5, 1883 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Fredericktown, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Mark Lafayette Creegan | 13b. MOTHER'S MAIDEN NAME Mary Jane O'Bannan | 14. NAME OF HUSBAND OR WIFE Jessie Creegan |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | 16. SOCIAL SECURITY NO. 486-28-4204 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie T. Creegan 5106 Creighton Dr. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured appendix | | II. OTHER SIGNIFICANT CONDITIONS 1) Hypertensive cardio vascular disease 2) Pneumonia | | 5 years 3 days |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| 19a. DATE OF OPERATION 23 Dec 55 | 19b. MAJOR FINDINGS OF OPERATION Ruptured retrocecal appendix 550.1 | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 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 2 Nov, 1955, to 29 Dec, 1955, that I last saw the deceased alive on 28 Dec, 1955, and that death occurred at 7:00A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Frank Neesen | (Degree or title) M.D. | 23b. ADDRESS 4209 S Kingshighway | 23c. DATE SIGNED 30 Dec 55 |
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|---------------------------------------------------|-------------------------|-------------------------------------------------------|-----------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Dec. 31, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. DEC 30 1955 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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(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..

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *522*

P. O. Address *2222 King*

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.