

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

State File No. **3158**  
Registrar's No. **146**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>University City Mo</b>	d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <b>2 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>1306 N &amp; S Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis Co Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>KATE CREECH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 15, 1956</b>		
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1-11-1870</b>	9. AGE (In years last birthday) <b>86</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Sewing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>George Creech</b>		13b. MOTHER'S MAIDEN NAME <b>Catherin Emerson</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Clyde Mc Gregor 1306 N &amp; S Rd</b>	
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>Generalized arteriosclerosis</b>			
		DUE TO (c)			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>3318</b>	
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 **1-13-1956**, to **1-15-1956**, that I last saw the deceased alive on **1-15-1956**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. Romney, M.D.</b>		23b. ADDRESS <b>601 S. Brentwood Clayton 5. Mo.</b>		23c. DATE SIGNED <b>1-15-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-18-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Marys Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Troy Mo</b>	

DATE REC'D BY LOCAL REG. <b>1-17-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Rombe MD.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Joe W Clark Funeral Home Inc. 1125 Hodiament Ave</b>	
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WRITE PLAINLY—USING UNFADEING 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 *Alfred J. Boedeker*.....  
Licensed Embalmer No. *266*

P. O. Address *11257*.....

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.