

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033879

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 226

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Wellston</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		Length of stay in 1b <b>1/2 Hr.</b>	d. STREET ADDRESS <b>1562 Ogden Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Lillian</b> Middle <b>A.</b> Last <b>Creely</b>			4. DATE OF DEATH Month <b>9</b> Day <b>25</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>Desoto, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Philip Smaus</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian McCormick</b>	
14. NAME OF HUSBAND OR WIFE <b>John A. Creely</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-26-0363</b>	
17. INFORMANT <b>Mrs. Thelma Rose, 1900 Raft Drive</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>years</b>
DUE TO (c) <b>Diabetes mellitus</b>			<b>4200</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not reported in the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Mar 1952</b> to <b>Sept 25, 58</b> and last saw her alive on <b>Sept. 12, 1958</b> Death occurred at <b>1:20 A. m.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>Burille Eck M.D.</b>		22b. ADDRESS <b>508 N. Grand</b>	
22c. DATE SIGNED <b>Sept 26 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>9/27/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis County</b>		STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Drehmann-Harral, 1905 Union Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 26 58</b>	26. REGISTRAR'S SIGNATURE <b>Maceela Wilson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 1 1958

Dr. Birkie Eck  
508 N. Grand  
Je 1-9501  
Hrs. Fri. 9:30-2

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 *Albert R. Thompson*

Licensed Embalmer No. *4277*  
P. O. Address *St. Louis*

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.