

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007842

STATE FILE NUMBER

MAR 2 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 465

300
-57 -3

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Florissant 41008 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) #50 Taney Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Avonel Middle Betty Last Creed			4. DATE OF DEATH Month 2 Day 14 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-29	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) New Albany, Ind.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Ehrle		13b. MOTHER'S MAIDEN NAME Myrtle Sander		14. NAME OF HUSBAND OR WIFE Oliver A. Creed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 491-26-1721	17. INFORMANT Address Oliver A. Creed 50 Taney Dr. Florissant Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Combination of physical events and exposure		INTERVAL BETWEEN ONSET AND DEATH 9325
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 46		

20a. ACCIDENT <input checked="" 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.) Exposure following immersion in water of small pond in sub-freezing weather -- body found at side of road	
20c. TIME OF INJURY Hour 11:35 Month 2 Day 14 Year 59 a.m. xxx	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) side of road-way	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Rural St. Louis Missouri	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Raymond H. Coroner</i> (Degree or title) 3	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 2/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-19-59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
25. DATE RECD. BY LOCAL REG. 2-17-59		26. REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. M. White*

Licensed Embalmer No. *3975*

P. O. Address *Ferguson*

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.