

MAY 20 1934

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 4006, Aldine St.)

File No. 14941  
Registered No. 4138  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4006 Aldine St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget Creely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1870

7. AGE YEARS 64 MONTHS 10 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Painter  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

FATHER 13. NAME Edward Creely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

MOTHER 15. MAIDEN NAME Ann Marchess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

17. INFORMANT (ADDRESS) Bridget Creely 4006 Aldine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Apr. 25 1934

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand Bl.

20. FILED APR 23 1934 J. F. Biedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1932, to 4-21, 1934  
I last saw him alive on 4-21, 1934. Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic Date of onset

Other contributory causes of importance: Asthma

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....  
(Signed) Wm H. Foster, M. D.  
(Address) 4825 9 Easton  
Shannon Ave