

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

23262  
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH  
 (a) County ..... / Registration District No. **791**  
 (b) Township ..... / Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St. **St.**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 4378  
 2. PRINT FULL NAME **Carl Cleghorn** **426**  
 (a) Residence, No. **2786** **Limit** St. **4**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 **Catherine Cleghorn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 2nd. 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63**      **7**      **29**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **sheet metal worker**  
 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) **Illinois**

FATHER 13. NAME **George Cleghorn**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Sarah Thomas**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Hosp. Info M. Kent**  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathary Cem** DATE **7:4 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **CROGHAN UND. CO. INC**  
**7146 Manchester Ave.**

20. FILED 19 **J. P. Bredich**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/1/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **6/28/38** 19 to **7/1/38** 19  
 I last saw him alive on **7/1/38** 19. Death is said to have occurred on the date stated above, at **8.05 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Carcinoma of prostate** Date of onset **5/10**  
**De generative (arterio sclerotic) heart disease & disorganized anemia, secondary**

Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **no**

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) **Albert H. Trause** M. D.  
 (Address) **15 15 Lafayette**

**JUL 2 1938**

Licensed Embalmer's Statement on Reverse Side)

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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, .....

*Michael J. Croghan*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*M. J. Croghan*

Licensed Embalmer No.....

*2622*

P. O. Address.....

*St. Louis Mo*

**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 this body is not embalmed, above space should be left blank.**