PR 24 1939 LEG'D MAY 11 1939

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

16203
Do not use this space.

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.

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 731

(c) or City ~~Jefferson Barracks~~ — (d) Street No. Vet Hosp. St.

(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph C. Clancy

(a) Residence, No. 913 Tyler Avenue, Saint Louis St. Missouri.
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 22, 1897

7. AGE: YEARS 42 — MONTHS ~~2~~ — DAYS ~~24~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc.: -
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): St. Louis Missouri 0

FATHER
13. NAME: Ambrose Clancy 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Ireland 0

MOTHER
15. MAIDEN NAME: Anna Buchanan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri.

17. INFORMANT (ADDRESS): Cl. Mark Wills Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: 4-25-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Cullinane Brothers 1710 N. Grand Blvd.

20. FILED APR 24 1939 19 [signature] Local Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939 to April 22, 1939
I last saw him alive on April 22, 1939. Death is said to have occurred on the date stated above, at 7:55Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far-advanced.	Unkn.
23	
Other contributory causes of importance: Myocardial degeneration, secondary to above.	Unkn.
Encephalitis, chronic, residuals of emphysema, chronic	

Name of operation: None Date of
What test confirmed diagnosis? Phy. clinical mamif. and lab. 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?
If so, specify
(Signed) C. W. HUGHES, M. D. Chief Med. M. D.
(Address) Officer, VAF Jefferson Bks. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Fred Frick.....

Licensed Embalmer No. 3186

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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