REC'D JUN 12 1939

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

16971
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 4505

(c) City ST. LOUIS 1 (d) Street No. 4638 EVANS St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

455

2. PRINT FULL NAME EDWARD A. CLOONAN

(a) Residence, No. 4638 EVANS AVE. St. 11
(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 SALLIE CLOONAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 1, 1867

7. AGE: YEARS 72 | MONTHS 2 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ELECTRAIN
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) MAY, 1937
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

FATHER
13. NAME MARTIN CLOONAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME HANNA LEONARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) MARGARET FITZGERALD 4638 EVANS AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE 5-17-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CULLEN-KELLY 1416 N. TAYLOR AVE.

20. FILED MAY 16 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY, 16 - , 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to May 16, 1939
I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 5/15/39

Other contributory causes of importance:
Cardiac Failure — 5/15/39

Name of operation ..... 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) Vincent J. LaPuente, M. D.
(Address) 913 Mo. Theatre Bldg

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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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, ...

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

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

Signed Clement McNeary

Licensed Embalmer No. 3732

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