. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16374

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3892

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3750 Laclede Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1718
(If outside city or town limits, write "RURAL")

(d) Street No. 3750 Laclede Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Clancy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife John Clancy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 10th., 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Oates
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Miss Eleanor Clancy
(b) Address 3750 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAY 8 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th., year 1941 hour 6 minute 15 p. M.

21. I hereby certify that I attended the deceased from MAY-10-41, 19__, to MAY-6-41, 19__; that I last saw her alive on May 6-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic	
Interstitial Myocarditis	?
Dropsy	4 weeks
Due to Hypostatic Pneumonia	48 hrs
Lobar	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury M. G. O

23. Signature M. B. Houghton (HOUGHTON) (M. D. or other)
Address 3831 Market Blvd Date signed May 8 41

(Licensed Embalmer's Statement on Reverse Side)

Ht 413 L
3831 Marshall St
9-12

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

If this body is not embalmed, fact should be so stated above.

12