

Registration District No. **791**

Primary Registration District No. **1008**

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:
De Paul Hospital (1)
(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)

3. (a) PRINT FULL NAME... **John Cleary**

3. (b) If veteran, name war... **No** 3. (c) Social Security No. **None**

4. Sex **Male** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married** /
6. (b) Name of husband or wife... **Anna Cleary** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased... **May 3 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 **1** **12** **1** hr. **15** min.

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

10. Usual occupation... **Proprietor Hardware Store**

MOTHER FATHER { 11. Industry or business
12. Name... **John Cleary**
13. Birthplace... **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name... **Sarah Keir**
15. Birthplace... **England**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Anna Cleary**
(b) Address... **7639 Westmorland Dr.**

17. (a) **Burial** (b) Date thereof **June 18, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... **Calvary Cemetery**

18. (a) Signature of funeral director... **Robert T. Stewart**
(b) Address... **1225 Union Blvd.**

19. (a) **JUN 16 1941** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **96**
(c) City or town... **Clayton** **91B**
(If outside city or town limits, write "RURAL")
(d) Street No. **7639 Westmoreland Drive**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1941** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 27**
1941, to **June 15**, 19**41**;
that I last saw him alive on **June 14**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death...
Acute Myocardial Infarction **1 day**
Hypertensive Heart Disease
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (c) Means of injury...
23. Signature... **V. B. Turner** (M. D. or other) **M.D.**
Address... **401 Franklin St. Bldg.** Date signed **6/16/41**

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

10
7
9

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

J. Wm. Binkley

Licensed Embalmer No.

3653

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, fact should be so stated above.