

FILED NOV 20 1943

Registration District No. **317**

Primary Registration District No. **6076**

9600

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7000 Glenmore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 7000 Glenmore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward A. Cloonan

3. (b) If veteran, name war No 3. (c) Social Security No. 494-09-2794

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Cloonan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 10, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Printing Pressman

11. Industry or business Printing

12. Name Edward Cloonan

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Ann Fox

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Cloonan

(b) Address 7000 Glenmore

17. (a) Burial (b) Date thereof Nov. 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Reutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 16 1943 (b) E. H. McHann, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1943 hour 11:17 minute P. M.

21. I hereby certify that I attended the deceased from June 1/43
to Nov. 13 1943
that I last saw him alive on 11-13-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebral hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration 4 mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Cerebral hemorrhage + glaucoma 7/5/43

Of operations _____

Of autopsy 462

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? _____

23. Signature J. O. Peltier (M. D. or other) _____
Address 2505 So. Louisiana Date signed 11/17/43

25552
9.10.30
1-3

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 John Melnar
Licensed Embalmer No. 4186
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.