

FILED SEP 18 1944

1003

State File No. _____

Registrar's No. 7635

Registration District No. 518

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4628 Maplehurst
(If rural, give location)

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

3. (a) PRINT FULL NAME George Cloninger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Mar 15 - 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd
year 1944 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8/11/44
_____ 19____ to Sept. 2nd 1944
that I last saw him alive on Sept. 2nd 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death: Broncho-pneumonia
Acute pyelonephritis - non-calculous

Due to _____

Due to _____

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

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Cloninger

13. Birthplace Missouri

14. Maiden name Eizabeth

15. Birthplace Missouri

16. (a) Informant Joseph Dwyer

(b) Address 2351 Mullanphy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Gullen & Kelly

(b) Address 4386 Franklin St.

19. (a) SEP 5 1944 (Date received local registrar) (b) Abdeen (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy Same

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 K. R. Schlademan (M. D.) 9/5/44

Address 1515 Lafayette Date signed _____

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

844

(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 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, fact should be so stated above.