

S. No. 2
 -12-45
 5-17-39
 P I X47070

FILED APR 21 1947

#63286 **318**

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri.
 (c) Name of hospital or institution:
St. Louis City Hospital - Dr. C. Starkloff Memorial
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
 (d) Street No. 4241 Shenandoah Ave.
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME Jerry J. Clancy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. Color or race W.
 5. Color or race _____
 6. (a) Single, widowed, married M.
 6. (b) Name of husband or wife Margaret Clancy
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Oct. 5th., 1887
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>3</u>	hr. min.

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

10. Usual occupation Business Agent Local # 35

11. Industry or business _____

12. Name Jerry Clancy

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

14. Maiden name Hannah Moyihan

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

16. (a) Informant Mrs. Margaret Clancy

(b) Address 4241 Shenandoah Ave.

17. (a) Burial (b) Date thereof 4-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

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

19. (a) APR 9 1947 (b) J. F. Bredekamp
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8th
 year 1947 hour 1:33 minute P M.
 21. I hereby certify that I attended the deceased from April 6, 1947, 1947, to April 8th, 1947,
 that I last saw him in alive on April 8th, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac tamponade due to rupture of Aorta
 Due to _____
 Due to Medical Necrosis of Aorta
 Other conditions (include pregnancy within 3 months of death) 96.

Major findings:
 Of operations _____
 Of autopsy As above

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

Signature Arthur J. Donaldson (Specify type of place) _____
 Address 1515 Lafayette (City or town) (County) (State)
 Date signed 4/19/47

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

MOTHER FATHER

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 with the above constitutes grounds for revocation of license.)

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