

S. No. 2
DM-5-43
V. 5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19548
Registrar's No. 1041

FILED MAY 27 1947
Registration District No. 277

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospitals
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Polo Drive
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

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

4. Sex M 5. Color or race W 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 November 13 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 4 If less than one day hr. _____ min. _____
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business _____
12. Name Timothy Clancy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary McCullough
15. Birthplace Boston Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Clancy
(b) Address 406 Polo Drive
17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) 5-26-47 (b) Gene A. Shapiro
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour 2:00 minute _____ p.m.
21. I hereby certify that I attended the deceased from May 16, 1947, to May 17, 1947;
that I last saw him alive on May 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Right lower and middle lobe pneumonia
Due to _____
Due to 106
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (e) Means of injury 0
23. Signature Wm. C. Citala (M. D. _____)
Address 601 BRENTWOOD BLVD Date signed _____

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.....

Robert L. Biskman
3553

Licensed Embalmer No.....

P. O. Address.....

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.