

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34921

State File No.

318

1003

8789

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2719

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

d. STREET ADDRESS (If rural, give location) 1328 N. 19th St.

3. NAME OF DECEASED
a. (First) WILLIAM
b. (Middle) _____
c. (Last) CLEARY

4. DATE OF DEATH OCT. 3 1951

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH J. Oct - 1886

9. AGE (In years last birthday) 65
if UNDER 1 YEAR Months _____ Days _____
if UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME William Cleary

13b. MOTHER'S MAIDEN NAME Margaret Doran

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laurance Cleary 1328 N. 19th St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Jaundice
ANTECEDENT CAUSES
DUE TO (b) Unknown Cause
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 386X

22. I hereby certify that I attended the deceased from 10-2-51, 19 , to 10-3-51, 19 , that I last saw the deceased alive on 10-3-51, 19 , and that death occurred at 7:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Bunside M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 10-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 10/6/51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. OCT 5 1951

REGISTERER'S SIGNATURE J. Earl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral 1841 Cass Ave

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Benelius

Licensed Embalmer No. 4283

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.