No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953 — 818 — 1003

State File No. 33024

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 8909

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 9mo 6dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5800 Arsenal St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Clooney

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 14, 1953

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single
**8. DATE OF BIRTH**: FEB.-18-1878
**9. AGE** (In years last birthday): 75 YRS.
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): HOUSEKEEPER
**10b. KIND OF BUSINESS OR INDUSTRY**: OWN.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Clooney
**13b. MOTHER'S MAIDEN NAME**: Anna Fitzgerald
**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: John Holzhauer 2603 Hager Court

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

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): 420.0
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec. 8, 1952, *to* Sept. 14, 1953, *that I last saw the deceased alive on* Sept. 14, 1953, *and that death occurred at* 4:12 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Palmer Dominic Bowdish M.D.
**23b. ADDRESS**: 5800 Arsenal St.
**23c. DATE SIGNED**: 9-14-53

**24a. BURIAL, ~~CREMATION,~~ REMOVAL** (Specify): REMOVAL
**24b. DATE**: Sept 15-53
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: CALVARY CEMETERY
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: SEP 14 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: E. J. SCHNUR 3125 LAFAYETTE

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4015

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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