DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 6 1959

59–037490

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9423 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS, MO. — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY SAINT CLAIR
c. CITY OR TOWN E. ST. LOUIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) BROADVIEW HOTEL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN — Middle W. — Last CLEARY
4. DATE OF DEATH: Month OCTOBER — Day 11 — Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/26/90
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): E. ST. LOUIS, ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: PATRICK CLEARY
13b. MOTHER'S MAIDEN NAME: ANNA (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: - - - - - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: —
17. INFORMANT: VA HOSP. RECORDS, ST. LOUIS, MO. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CONGESTIVE HEART FAILURE	6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	-
DUE TO (c)	- - - 420.0	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I VA attended the deceased from 10/5/59, to 10/11/59 and last saw him alive on 10/11/59
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE ROBERT M. DONATI (Degree or title) M.D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 10/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/15/59
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.

24. FUNERAL DIRECTOR Edward Fendler — ADDRESS 5611 So,Grand Blvd.
25. DATE RECD. BY LOCAL REG. OCT 14 '59
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. S.P.

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 477

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.