WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 24752

Registered No. 6157

1. PLACE OF DEATH

County ..... Registration District No. 2011

Township ..... Primary Registration District No. 4002

City St. Louis (No. 4201 A, De Tonty St. St. ..... Ward)

2. FULL NAME Mary Cleary

(a) Residence, No. 4201 A De Tonty St. St., M Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin J. Cleary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1872

7. AGE: Years 61 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER

13. NAME: James Heneghan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Martin J. Cleary
(ADDRESS) 4201 A De Tonty St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 17, 1933

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 Lindell Boulevard

20. FILED 11 15 1939 J. F. Biedeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1933, to July 14, 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:10 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis (By History)	2 yrs
Acute Cardiac Dilatation	7/14/33
121 / 95 R	

Other contributory causes of importance: 131

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edmund T. Bernard, M. D.

(Address) 1504 So Grand Blvd

366.5 Castleman
1-5-78