REC'D MAR 13 1939

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

791
1008

4466
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 1159
(c) City St Louis Mo (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hon John J Cleary Sr
(a) Residence, No. 1428 Mississippi St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Cleary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE: abt YEARS 61 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Fireman
9. Industry or business in which work was done, as 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. 5

FATHER
13. NAME Unknown 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Dr. Frank Cleary 1428 Mississippi Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Feb 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peetz Bros Lill Co 3029 Lafayette Ave

20. FILED FEB 6 1939 J. T. Budish Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Feb 4th, 1939
I last saw him alive on Feb 2, 1939. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery disease	2 yrs
Other contributory causes of importance: Seborrhoeic dermatitis	3 yrs.

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

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) Eugene A Vogel M. D.
(Address) 3325 S Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

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, above space should be left blank.