

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.

NOV 12 1940  
Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
3851 Utah Pl.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 3851 Utah Pl.  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Martin J. Cleary  
8. (b) If veteran, name war None 8. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 6th  
year 1939 hour 3:13 P.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Late Mary Cleary  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1st 1863

21. I hereby certify that I attended the deceased from Nov 11, 1939, to Dec 6th, 1939;  
that I last saw him alive on Dec 6th, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis

9. Birthplace Ireland  
10. Usual occupation Retired Motorman  
11. Industry or business Public Service Co.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER { 12. Name John Cleary  
13. Birthplace Ireland  
14. Maiden name Unknown  
15. Birthplace Ireland

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. Leo Cleary  
(b) Address 3851 Utah Pl.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-9-39  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway  
19. (a) DEC 8 1939  
(b) Address 1319 South Broadway

23. Signature Frank Dawson (M. D. or other) \_\_\_\_\_  
Address 1319 South Broadway Date signed 12/8/39

1329  
So. Broadway  
10-12

**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.....  
*Edwin M. Bennett*  
..... Licensed Embalmer No..... *3024*  
..... 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.**