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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941 791
Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26982
Registrar's No. 6774

Primary Registration District No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

17
9

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution. _____
(d) Street No. 5932 a. Mc. Pherson
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town. St. Louis
(d) Street No. 5932 A. Mc. Pherson
(e) If foreign born, how long in U. S. _____ years

3. (a) PRINT FULL NAME. Clara A. Hely
(b) If veteran, name war. none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 19
year 1941 hour 7:00 A. minute 0 M. A.

4. Sex Female 5. Color of race white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. _____
6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

7. Birth date of deceased June 1868
(Month) (Day) (Year)

Immediate cause of death
Coronary Sclerosis
Arterio Sclerosis
Due to _____

8. AGE: Years 73 Months 2 Days 17
If less than one day hr. _____ min. _____

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Clerk
11. Industry or business H. O. L. C. (U. S.)

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name John P. Hely
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ireland
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant J. Power Hely
(b) Address 5932 a. Mc Pherson Ave.

17. (a) Burial (b) Date thereof Aug. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director I 710 N. Grand Boul.
(b) Address AUG 20 1941

19. (a) AUG 20 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Alfred J. Ferry (M. D. or other) 3
Address Deputy Date signed 8/20/41

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.....

John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.