S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22359

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1541

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 3, 1943 (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2925-a North 13th Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME CLEARY, Edward M.

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Ann 6. (c) Age of ~~husband or~~ wife if alive 61 years

7. Birth date of deceased August (Month) 27, (Day) 1882 (Year)

8. AGE: Years 60 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Chester (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Cooper

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

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

16. (a) Informant M. Schillig
(b) Address Government Records, VAF, J.B., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 6-43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway

19. (a) JUL 6 1943 (Date received local registrar) (b) E. D. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd, year 1943 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from July 3, 1943 to July 3, 1943; that I last saw him alive on July 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION, ACUTE, due to	Abt. 2 hrs.
HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE, CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE AND MYOCARDIAL INSUFFICIENCY.	Abt. 1 yr.
Other conditions Arteriosclerosis, general. (Include pregnancy within 3 months of death)	Unkn.

Major findings:
Of operations -
Of autopsy No autopsy.

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? Means of injury

23. Signature L. M. COCHRAN, M.D. (M.D. or other)
Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 7/5/43

707 (Licensed Embalmer's Statement on Reverse Side)

JAN 24 1944

JUL 16 1943

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.