S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12651

FILED MAY 9 1944 18

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 3952

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1653a S. 39th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 1653a S. 39th St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna Clear

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James T. Clear

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. (Month) 12 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	15	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Michael Hennessey
13. Birthplace ____ (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Hannah Fair
15. Birthplace ____ (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James T. Clear
(b) Address 1653a S. 39th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 29- 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) APR 28 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from 4-27- 1944 to 4-26- 1944 that I last saw her alive on 4-27- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Potential heart trouble

Due to (Mitral) b

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death) 92

Major findings:
Of operations /
Of autopsy /

Duration

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) ____

(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? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)

Address 3619 Hickory Date signed 4-27-44

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.