

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

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2637<sup>1/2</sup> N. Sarah St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herbert J. McCluskey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Agnes McCluskey 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 22 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 25 hr. min.

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

10. Usual occupation Photographer

11. Industry or business self

MOTHER FATHER { 12. Name James M. McCluskey

13. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Brown

15. Birthplace Paris France  
(City, town, or county) (State or foreign country)

16. (a) Informant James M. McCluskey  
(b) Address 2637<sup>1/2</sup> N. Sarah St

17. (a) Burial (b) Date thereof 5/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director W. A. Howard  
(b) Address 4212 St. Louis Ave

19. (a) MAY 19 1944 (b) J. T. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17  
(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")  
(d) Street No. 2637<sup>1/2</sup> N. Sarah (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1944 hour 05 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to May 12 1944  
that I last saw him alive on May 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx  
Due to Metastasis to Lunge

Other conditions Metastasis to Lunge  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of 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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Bergman (M. D. or other) M.D.  
Address 3720 Washington Date signed 5/18/44

**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.....

*E. W. Wilkinson*

Licensed Embalmer No.....

*3575*

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.**