No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2798

FILED JAN 16 1948

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 140

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

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: 2516 Slattery
(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:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2516a Slattery 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Theodore J. Mc Closkey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Henrietta Mc Closkey

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. (Month) 12th. (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Mc Closkey
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Henrietta Mc Closkey
(b) Address 2516a Slattery

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) JAN 6 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th.
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 9, 1931 to Jan 5 1948
that I last saw him alive on Jan 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder — Duration 1 yr

Due to

Due to Mitral Regurgitation with Cardiac Hypertrophy — 1 yr

Other conditions Urinary bladder
(Include pregnancy within 3 months of death)

Major findings: Of operations 2 operations at City Hospital
Of autopsy Positive Carcinoma of Bladder

PHYSICIAN
Underline the cause of 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 Dr. W. J. Raemdonck (M. D. or other)
Address 4390 W Pine Blvd Date signed Jan 6 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.J. Raemdonck

4390 West Pine JE. 1340

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.