S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6197

State File No. 1516

FILED FEB 23 1948

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

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: 6222 Loran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 Year
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. 6222 Loran Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Georgia Cloud

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jeremiah Cloud

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

7. Birth date of deceased November 1, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	3	11	hr. min.

9. Birthplace Horton, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name John Coloney
13. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Comstock
15. Birthplace Corinth New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Harrington
(b) Address 6222 Loran Avenue

17. (a) Removal (b) Date thereof 2/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mausoleum, Long Beach, California

18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC
(b) Address 1936 St. Louis Avenue

19. (a) FEB 14 1948 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12,
year 1948 hour 7: minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1948, to Feb 11th 1948
that I last saw her alive on Feb 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 6 Wks

Due to Hypertensive cardio vascular disease with arterio sclerosis — 1-2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 V E Michael (M. D. or other) MD
Address 812 Olive Date signed 2/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Michel
Arcade Bldg.

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 Glen W. Hab

Licensed Embalmer No. G 3737

P. O. Address 1936 St Louis Cir

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.