U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37974

Registrar's No. 10443

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: Christian Hospital D
(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 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5423 Queens Ave. 0
(If rural, give location)

(e) Citizen of foreign country? 7 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James W. Clancy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife B. Elizabeth Clancy

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased January (Month) 25 (Day) 1862 (Year)

8. AGE: Years 86 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Teamster

11. Industry or business Retired

FATHER
12. Name Martin Clancy
13. Birthplace (City, town, or county) Ireland U (State or foreign country)

MOTHER
14. Maiden name Margaret Lewis
15. Birthplace (City, town, or county) Ireland U (State or foreign country)

16. (a) Informant Mrs. B. Elizabeth Clancy.
(b) Address 5423 Queens Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) DEC 1 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-18-48, 19 , to Nov 30, 1948 that I last saw him alive on Nov 30th, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Sec Pulmonary congestion acute

Due to

Other conditions (Include pregnancy within 3 months of death) 1 DAY

Major findings:
Of operations

Of autopsy no

Duration 14 days

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 Leo A. Millies (M. D. or other)

Address 2739 N. Grand Date signed 12/1/48

(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.