

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

10374  
State File No. 2546

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1709 CARROLL ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>W.</u>	c. (Last) <u>MCCLOSKEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 18 1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>NOV. 2-1866</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>84 YRS</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. <u>N/A</u>	10b. <u>W. 2</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. <u>U.S.A.</u>

13a. FATHER'S NAME <u>John McCloskey</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth McCloskey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James L. McCloskey 1709 Carroll St</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative trans-metrical resection.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>3-16-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bladder neck obstruction</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>610X</u>

22. I hereby certify that I attended the deceased from 3-6-51, 1951, to 3-18-51, 1951, that I last saw the deceased alive on 3-18-51, 1951, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William Carter M.D.</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>3-19-51</u>
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Buried</u>	24b. DATE <u>March 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette Ave</u>	
DATE REC'D BY LOCAL REG. <u>MAR 19 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Linton</u>	

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

*Self*

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Joseph A. Vollmer*.....  
Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.