

44110

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

XC 2 235 960

Reg. 107,184

FILED JAN 2 1953

Registrar's No. 3193

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3193</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS. MO.</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>724 N. TAYLOR</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>CLEARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/12/52</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>10/26/95</u>	
9. AGE (In years last birthday) <u>57 yrs.</u>		If UNDER 1 YEAR: Months _____ Days _____		If UNDER 1 YEAR: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MICHAEL CLEARY</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN KELLY</u>		14. NAME OF HUSBAND OR WIFE <u>(NONE)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA AND CONFLUENT BRONCHIAL PNEUMONIA</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 WKS.</u> <u>4 YRS.</u> <u>UNK.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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.) <u>V.A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/12</u> , 19 <u>52</u> , to <u>12/12</u> , 19 <u>52</u> , and that death occurred at <u>9:20p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Mullarky</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>VAH, JEFFERSON BARRACKS, MO.</u>		23c. DATE SIGNED <u>12-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>UNKNOWN</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-15-52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Doube - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan</u>		ADDRESS <u>2849 N. Euclid</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

**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 Anthony Bond

Licensed Embalmer No. 4615

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.