

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44757****12000**

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4346 West Pine Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>4356 West Pine Blvd.</b>			
3. NAME OF DECEASED (Type or Print) <b>Henry</b>		a. (First)		b. (Middle)		c. (Last) <b>Cleary</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1952</b>		5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	
8. DATE OF BIRTH <b>April 9, 1882</b>		9. AGE (In years last birthday) <b>70</b>		IF OVER 1 YEAR Months <b>8</b> Days <b>19</b>		IF OVER 60 YRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank X. Cleary</b>		13b. MOTHER'S MAIDEN NAME <b>Lora Estelle</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Daisy Cleary</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-01-3627</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Daisy Cleary, 4346 West Pine Blvd.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarction of Myocardium</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosis of coronary arteries (+)</b> DUE TO (c) <b>Vertical Hernia</b> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>14 months</b> <b>3 yrs</b> <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>Sept 9, 1949</b> , to <b>Dec 28, 1952</b> , that I last saw the deceased alive on <b>Dec 22, 1952</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Raymond Weibman</b>		23b. ADDRESS <b>445 114 W Taylor, St. Louis 8 MO</b>		23c. DATE SIGNED <b>29 Dec 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 30, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 29 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>		ADDRESS <b>840 Lindell Blvd.</b>	

(Licensed Embalmer'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 Thomas Williamson

Licensed Embalmer No. 3565

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.