

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11376

2400

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 death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis (City)</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vinita Park</b>		<b>4270</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin DesLoge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8218 Jefferson Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roselia</b>		b. (Middle) <b>May</b>		c. (Last) <b>Cleary</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 2, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 11, 1879</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>21</b>	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gasconade County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Joseph Zeman</b>			13b. MOTHER'S MAIDEN NAME <b>Maria Noonan</b>		14. NAME OF HUSBAND OR WIFE <b>Jeremiah V. Cleary</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jeremiah V. Cleary</b> ADDRESS <b>8218 Jefferson Ave. Vinita Park, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 mo</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>AS cardiovascular disease</b>					<b>Uncertain</b>	
	DUE TO (c) <b>Diabetes mellitus</b>					<b>Uncertain</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>none</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>Oct. 4</b> , 19 <b>49</b> , to <b>March 2</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Mar 2</b> , 19 <b>53</b> , and that death occurred at <b>12:45 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry K. Oppenheimer, M.D.</b> (Degree or title)				23b. ADDRESS <b>508 N. Grand Blvd., St. Louis 37, Mo.</b>		23c. DATE SIGNED <b>Mar. 3, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/5/1953</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>MAR 8 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul A. Shanklin, Cuba, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1954

MAR 11 1954

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: *Fred J. Farmer*

Licensed Embalmer No. *4788*

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.