

FILED APR 10 1953

STANDARD CERTIFICATE OF DEATH

11929

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3386**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Ill.</b> b. COUNTY <b>Madison</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> | c. LENGTH OF STAY (in this place)<br><b>5-days</b> | c. CITY OR TOWN<br><b>Granite City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Barnes Hospital</b>                        |  | e. STREET ADDRESS (If rural, give location)<br><b>2234 Dewey Ave.</b>   |  |

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|--|----------------------------|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Lawrence</b>  |                            | b. (Middle) <b>August</b>   |  | c. (Last) <b>McCluskey</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 29, 1953</b>   |  |
| 5. SEX <b>M.</b>   | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M.</b> |  | 8. DATE OF BIRTH<br><b>June 26, 1900</b>                                     |  | 9. AGE (In years last birthday) <b>52</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>3</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Welder</b> |                            | 10b. KIND OF BUSINESS OR INDUSTRY                                   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Perryville, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>William McCluskey</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Jane Smith</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Parthena McCluskey</b> |  |
|--|--|---|--|---|--|

|   |  |   |  |   |  |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>328-10-8329</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. William A. McCluskey, 7611 Bruno Ave.</b> |  |
|---|--|---|--|---|--|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Gush of wound of skull</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>shot</b> |
|   | ANTECEDENT CAUSES <b>brain, self inflicted with shot</b>  |  |   |
|   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>of Granite City, Ill. exact time unknown, see Mar 24 1953</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>While suffering from temporary mental aberration</b>                                   |   |  |   |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>Suicide</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|---|

|  |   |  |
|--|---|--|
| 21a. ACCIDENT (Specify)<br><b>Suicide</b>                                | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Road</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Granite City Ill</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Mar 24 58 ? m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>E976X</b>                                 |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **230 P.** m., from the causes and on the date stated above.

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Frank M. Zumb...</b> | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>3/20/53</b> |
|---|-----------------------------------|------------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>4-1-1953</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
|--|------------------------------|--|---|

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>MAR 30 1953</b> | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b> | FUNERAL DIRECTOR'S SIGNATURE<br><b>Arthur J. Donnelly</b> | ADDRESS<br><b>3840 Lindell Blvd.</b> |
|--|--|---|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1960

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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 469

P. O. Address [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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.