

No. 300  
10.48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44241**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **546** Registrar's No. **2961**

100 X  
4

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>Overland</b>		c. LENGTH OF STAY (in this place) <b>1 Yr.</b>	c. CITY OR TOWN <b>Overland 450</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Overland Restorium</b>		STREET ADDRESS (If rural, give location) <b>10460 Thorpe Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>M</b> c. (Last) <b>McCloskey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/22/54</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>May 8 1885</b>		9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	

13a. FATHER'S NAME <b>Unk. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Unk</b>		14. NAME OF HUSBAND OR WIFE <b>Leo McCloskey Dec.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Hite 6310 Lenox Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		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		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>330X</b>	

22. I hereby certify that I attended the deceased from **Nov 1**, 1954, to **Dec 23**, 1954, that I last saw the deceased **alive on Dec 23**, 1954, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>2438 Wadsworth Rd. Overland 14 Mo.</b>		23c. DATE SIGNED <b>Dec 23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/27/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	

DATE REC'D BY LOCAL REG. <b>12-24-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domb</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiament Ave.</b>	
--	--	--	--	---	--

520 (Licensed Embalmer's Statement on Reverse Side)

---

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.....  
Signature of Student Embalmer

Signed *Alfred J. Boedeker*.....  
Licensed Embalmer No. *26*  
P. O. Address *1125 Hudson*

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.