

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9456**

State File No. ....

**2375**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  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) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>ST. LOUIS CITY HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis,</b>  d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  STREET ADDRESS (If rural, give location) <b>1434 No. 9th St.</b> <b>25</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>THOMAS CLOHESY</b> a. (First) _____ b. (Middle) _____ c. (Last) _____			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 12, 1955</b>		
<b>5. SEX</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Never married	<b>8. DATE OF BIRTH</b> About 1887	<b>9. AGE</b> (In years last birthday) <b>ab. 68</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>Patrick Clohesy</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or date of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Nil.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Rev. G. Rider, 5759 Pened</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION.</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>PNEUMONIA, LOBAR</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) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>MALNUTRITION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  _____
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>490x</b>	

**22. I hereby certify that I attended the deceased from 3-8-55, 19\_\_\_\_, to 3-12-55, 19\_\_\_\_, that I last saw the deceased alive on 3-12-55, 19\_\_\_\_, and that death occurred at 6:20P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>Leo P. ...</i>	<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>3-14-55</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>3-15-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 15 1955</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

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.....  
Signature of Student Embalmer

Signed *Robert M. Murr*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis,*.....

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.