THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016210

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1147

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ladue — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9150 Clayton Road — Length of stay in Hospital: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Ladue 4431 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9150 Clayton Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sister Mary Middle: Michael Last: Clancy

4. DATE OF DEATH: Month April Day 25 Year 1959

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 0
8. DATE OF BIRTH: June 3, 1890
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James B. Clancy
13b. MOTHER'S MAIDEN NAME: Mary Ann McDonnell
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mother Mary Ann, 9150 Clayton Road, Ladue (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6-8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954, to 4-25-59 and last saw her/him alive on 4-25-59
Death occurred at 5:00 pm. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul T. Harlan (Degree or title) MD 0
22b. ADDRESS:
22c. DATE SIGNED: 4-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: April 28, 1959
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Oscar J. Donnelly — ADDRESS: 8140 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 4-27-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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.