N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 9899 13538

File No. 3310
Registered No.

1. PLACE OF DEATH
County.
Township.
City St Louis (No. [illegible] to Hosp St. Ward)
Registration District No. [illegible]
Primary Registration District No.

2. FULL NAME Gerard B Cleary
(a) Residence. No. 4976 Arsenal St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cleary
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2nd 1888
7. AGE Years 36 Months 2 Days 29 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work President
(b) General nature of industry, business, or establishment in which employed (or employer) Guarantee Service Co
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS
10. NAME OF FATHER M J Cleary
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis
12. MAIDEN NAME OF MOTHER Elizabeth Burgess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

14. INFORMANT Mrs Mary E Cleary
(Address) 4976 Arsenal St
15. FILED ...., 19.... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31-24 19
17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19...., that I last saw h... alive on ...., 19...., and that death occurred, on the date stated above, at 1 10 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound of Abdomen
173 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Homicide
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Vinn Dever M.D.
4/1, 1924 (Address) Dep. Coroner
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary
DATE OF BURIAL 4-3 1924
20. UNDERTAKER Arthur J Donnelly
ADDRESS 3039 Wash St