

AUG 30 1937

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

Do not use this space.

28409

1. PLACE OF DEATH 2
County St. Louis Registration District No. 1160
Township 1 Primary Registration District No. 4470
City University City (No. 752 Syracuse Ave.) St. Ward

2. FULL NAME Florence R. Cleveland
(a) Residence, No. 752 Syracuse Ave. St. 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 Female 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 Dexter L. Cleveland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

13. NAME Allen Harris

14. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

17. INFORMANT Dexter L. Cleveland
(ADDRESS) 752 Syracuse Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7-15-1937

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED July 12, 1937 Leola V. Moller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to 7-9-37, 1937.
I last saw h. ex. alive on 7-9-, 1937. Death is said to have occurred on the date stated above, at 12.20 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Date of onset

Other contributory causes of importance:

General Carcinomatosis

Name of operation None Date of What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joe L. Gross, M. D.(Address) 6651 Euclid

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.

OCCUPATION

FATHER

MOTHER

2
2
2

6651. Oregon Ave. E. at 5th St.