

REC'D JUL 12 1938

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

19956
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5095**

2. PRINT FULL NAME

Newton Cleeton **435**
 (a) Residence, No. **1112 North Hebert** **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Lucy Cleeton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 29, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 **9** **10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**13. NAME **Not Known**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**15. MAIDEN NAME **Not Known**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **6-4-38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wm. Reidman M. Co. 1417**20. FILED 19 **J. D. Breder** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/2/38**, 1922. I HEREBY CERTIFY, That I attended deceased from **5/30/38** to **6/2/38**, 19

I last saw him **live** on **6/2/38**, 19. Death is said to have occurred on the date stated above, at **11.p** m.
 The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Pneumonia, Labor
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify. **Dudley Lockwood, Jr.** M. D.
 (Signed)..... (Address) **City Hospital No. 1**

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.

JUN 9 1938

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.