. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9279

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2762

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3850 Kennerly Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3850 Kennerly
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles J. Cloak

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January (Month) 28 (Day) 1872 (Year)

8. AGE: Years 68 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Allenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Landscape Gardner

11. Industry or business unemployed

FATHER
12. Name John Cloak
13. Birthplace unknown (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Amanda Kellog
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Gladys Kahler
(b) Address 3850 Kennerly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 26 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director A. Kron L. U. Co.
(b) Address 2707 North Grand Bl.

19. (a) MAR 25 1940 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1940 hour 2 minute 0 p.m.

21. I hereby certify that I attended the deceased from 3-15, 1940, to 3-24-, 1940 that I last saw him alive on 3-22-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the face, whole head and face Primary site

Due to not known

Due to ✓

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence ✓
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? ✓ (e) Means of injury —

23. Signature H. F. Miller (M. D. [redacted])
Address 8410 N Broadway Date signed 3/25/40

(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 Paul F. Knollenberg

Licensed Embalmer No. 2631

P. O. Address 2907 N-Gran

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.