

FILED JAN -5 1942  
Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 10775

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

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:  
Missouri Baptist Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 7 Days  
(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. 4161A. Shenandoah Ave  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Cleveland Harrison Labrano

3. (b) If veteran, name war..... Unknown

3. (c) Social Security No. 493-09-1494

4. Sex Male 0

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..... Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	59			hr. min.

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

10. Usual occupation..... Machinist

11. Industry or business..... Century Electric Co

MOTHER FATHER

12. Name..... Unknown

13. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Dailey

(b) Address..... 4161 A. Shenandoah Ave

17. (a) Burial (b) Date thereof..... Dec 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Peter and Paul

18. (a) Signature of funeral director..... Paetz Brothers  
(b) Address..... 3029 Lafayette Ave

19. (a) DEC 25 1942 (b) J. F. Credeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day December  
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 12-15-  
1942 to 12-22-42  
that I last saw him alive on 12-22-1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pneumonia  
(virus type.)

Duration  
9 days

Due to.....

Due to.....

Other conditions..... 101  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place) Means of injury.....

23. Signature..... Charles Heron (M. D. or other)  
Address..... 3720 Washington Date signed..... 12/24/42

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**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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

**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, fact should be so stated above.