

FILED APR 19 1948

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Alexian Bros. Hospital
(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

3. (a) PRINT FULL NAME John Robert Cleveland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 August 30, 1928
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>14</u>	<u>7</u>	<u>0</u>	hr. min.

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

10. Usual occupation In School

11. Industry or business _____

MOTHER FATHER

12. Name John Cleveland

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

14. Maiden name Christine West

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

16. (a) Informant John Cleveland

(b) Address 4125a Cleveland

17. (a) Burial (b) Date thereof 4/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 31 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 4125a Cleveland
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30,
year 1948 hour 2.00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/1/48
2/20 1948 to 2/20 1948
that I last saw him alive on 2/20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Stasis Inguinalis

Due to Thrombophlebitis by above virus / emb

Due to Asphyxiated after entering 2 weeks

Other conditions (Include pregnancy within 3 months of death) 33

Major findings: Of operations _____

Of autopsy As above

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) (e) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) MP
Address 2800 Broadway Date signed 3/21/48

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.....

Henry Eymck

Licensed Embalmer No.....

1284

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.