S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28922

Registration District No. FILED SEP 2 1947 318 Primary Registration District No. 1003 Registrar's No. 7849

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana (b) County 999
(c) City or town Terre Haute 12
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Hulman Street. 0
(If rural, give location)
NB. 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cleo William Certain
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Certain
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 20 (Day) 1914 (Year)
8. AGE: Years 33 Months 0 Days 27 If less than one day hr. min.
9. Birthplace West Terra Haute (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Hypertensive
FATHER
12. Name Otto Certain
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Sarah Ramsey
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Elizabeth Certain
(b) Address Terre Haute, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute, Indiana
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1947 hour 9 minutes 30 P M.
21. I hereby certify that I attended the deceased from Aug 9 1947, to Aug 17 1947
that I last saw him alive on Aug 17 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema, uremia, congestive rt failure
Due to Renal disease ? type & Cong. failure
Due to
Other conditions (Include pregnancy within 3 months of death)
HYPERTENSIVE CARDIORENAL DISEASE
Major findings:
Of operations
Of autopsy Rt. Kidney badly scarred & ad Regions to abdominal wall Rt. Kidney also scarred.

Duration: Renal disease - 2 years; Pulmonary edema - 24 hrs

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F R Bradley (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 8/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7849

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 ..... Licensed Embalmer No. 3575

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, fact should be so stated above.