S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30915

FILED SEP 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7931

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

1. PLACE OF DEATH:

(a) County St Louis, Mo

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

(c) Name of hospital or institution: 205 S. 15th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community About 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 17

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

(d) Street No. 205 South 15th Street (If rural, give location)

22

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leo Cleere

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased April (Month) 28 (Day) 1893 (Year)

8. AGE: Years 55 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business American Steel Co.

FATHER
12. Name Leo Cleere
13. Birthplace Leighton Ala (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Adline King
15. Birthplace Leighton Alla (City, town or county) (State or foreign country)

16. (a) Informant Ola Mae Cleere

(b) Address 2639 A Lucas Ave

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 9-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Leighton Ala

18. (a) Signature of funeral director A. L. Beal Und Co

(b) Address 4303 Delmar Blvd

19. (a) SEP 10 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1948 hour 3 minute 00 P M.

21. I hereby certify that I attended the deceased from Aug 7 1948 to Sept. 3 1948 that I last saw him alive on Sept. 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung	unk
Due to Carcinoma of large Bowel	10 mos
Due to Primary Site " "	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations

Of autopsy

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

23. Signature P. H. Wood (M. D. or other) MD

Address 4448 a Easton Date signed 9/8/48

Jefferson City Printing Co.

(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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Tremire Webster Glasco 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.