

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11377**
Registrar's No. **3402**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3402**

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | d. STREET ADDRESS (If rural, give location) 2806a N. Sarah St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) G. c. (Last) CLEAVER | | 4. DATE OF DEATH (Month) (Day) (Year) 3 29 53 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 15, 1885 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Indiana |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME John Cleaver | |
| 13b. MOTHER'S MAIDEN NAME Mary Nolan | | 14. NAME OF HUSBAND OR WIFE Florence | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Florence Cleaver | | ADDRESS 2806a N. Sarah St. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 1561 | |
| 22. I hereby certify that I attended the deceased from 3/20 , 19 53 , to 3/29 , 19 53 , that I last saw the deceased alive on 3/28 , 19 53 , and that death occurred at 6:35 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) G. G. Smith M.D. | | 23b. ADDRESS 1325 So. Grand Blvd. | |
| 23c. DATE SIGNED 3/29/53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 4-1-53 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Morrell Funeral Home | |
| ADDRESS 4212 St. Louis | | DATE REC'D BY LOCAL REG. MAR 30 1953 | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Penneby
Licensed Embalmer No. 1194
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.