

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

4728

-61-019166

STATE FILE NUMBER

AMENDED

Registration District No. 2-1961

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF THIS RECORD BE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis (18)</b>		Length of stay in 1b <b>1 Week</b>		c. CITY OR TOWN <b>Arfton (23)</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros. Hoapital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8326 Julia Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>RAYMOND LEO KLEAVER</b>				4. DATE OF DEATH Month Day Year <b>May 15 1961</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/2/13</b>	9. AGE (last birthday) <b>48</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Linotype Setter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Type</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Kleaver</b>			13b. MOTHER'S MAIDEN NAME <b>Lena Arnold</b>			14. NAME OF HUSBAND OR WIFE <b>Ruth Kleaver</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>				17. INFORMANT Address <b>Ruth Kleaver 8326 Julia Dr. (23)</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paracentesis chronic</b> DUE TO (b) <b>587.1</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH: <b>2 yrs</b>								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>1959</b> to <b>1961</b> and last saw <sup>her</sup> him alive on <b>15 May 1961</b> Death occurred at <b>7:05 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Louis T. Ruben M.D.</b>				22b. ADDRESS <b>634 No Grand</b>		22c. DATE SIGNED <b>17 May 61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 19, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lemay (25) Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Fendler Und. Co. 7420 Michigan Ave. (11)</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 18 1961</b>		26. REGISTRAR'S SIGNATURE <b>Red Smith, M.D.</b>		

St. Louis I Letz  
 Mo. Theatre Bldg. 634 W. Grand  
 Je 5-1879

x (28) 11/27/21 (18) 11/27/21  
 x 11/27/21 11/27/21

RAYMOND DEC 11/27/21  
 White male  
 St. Louis Type Co. St. Louis, Mo.  
 Henry Weaver  
 11/27/21 11/27/21

**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 \_\_\_\_\_  
 Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.

Removal by 11/27/21  
 11/27/21