

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5062

FILED JUL 17 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4118 McPherson 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4118 Mc Pherson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Norman W. Cleaver 416

(b) If veteran, name war World (c) Social Security No. 488-05-4582

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie H. Cleaver 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 19, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 20 hr. min.

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

10. Usual occupation Hotel clerk

11. Industry or business Formerly Marquette Hotel

12. Name Albert Cleaver

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

14. Maiden name Dora Davis

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

16. (a) Informant Mrs Bessie H. Cleaver

(b) Address 4118 McPherson

17. (a) Burial (b) Date thereof 6/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha Nebraska

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 10 1940 (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1940 hour 11:57 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis from ruptured duodenal ulcer.

Due to _____

Due to _____

Other conditions (Include pregnancy within _____ months of death)

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

AUG 31 1956

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

Leonard Hampton

Licensed Embalmer No.

2967

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, above space should be left blank.