

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8816

FILED APR 1 1944 18

Registration District No. Primary Registration District No.

Registrar's No. 2940

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Premature
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 918
(d) Street No. 4344 Gibson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Cleveland

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced newborn
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased: March 14 1944
(Month) (Day) (Year)

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

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation nil
11. Industry or business ---

MOTHER FATHER
12. Name Diamond Cleveland
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Betty Cleveland (Becker)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital
17. (a) (b) Date thereof 4 30 - 44
(Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital, No. 1
19. (a) (b) J. H. Bussard
(Date) (Month) (Day) (Year) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1944 hour 9:45 minute P. M.
21. I hereby certify that I attended the deceased from March 14th
1944, to March 15th, 1944
that I last saw him alive on March 15th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Anais M. Long (M. D. or other)
Address City Hospital Date signed

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.....

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.