

FILED JAN 5 1945 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 5

3. (a) PRINT FULL NAME Thomas W. Cleaver

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Aura Holeman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 29, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Havana, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Agent

11. Industry or business _____

12. Name Hiram Richard Cleaver

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

14. Maiden name Isabell Wilburn

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

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar Blvd

17. (a) (Burial, cremation, or removal) (b) Date thereof Lake Charles
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) DEC 21 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5351 Delmar Blvd. St. Louis
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1944 hour 4:00 minute _____ AM.

21. I hereby certify that I attended the deceased from Dec. 12
1944 to Dec. 23 1944

that I last saw him alive on Dec. 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broncho-Pneumonia 10Da

Due to Chronic-Myocarditis 3Yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9/23/44
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) (e) Means of injury Q

23. Signature John Harrison (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.