

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6116
Registrar's No. 1780

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry Cleaves

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

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

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

7. Birth date of deceased Jan 1 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Henry Cleaves

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

14. Maiden name Patsy Allen

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

16. (a) Informant Sam Jackson

(b) Address 2814 1/2 Mill St

17. (a) Burial (b) Date thereof 2-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cem

18. (a) Signature of funeral director A. H. Walton

(b) Address 2707 Stoddard St

19. (a) FEB 21 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2905 Franklin (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1947 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-5 19 47 to 2-18 19 47
that I last saw him alive on Feb. 18 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with Massive Gastro-Intestinal Hemorrhage Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No
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 0

23. Signature Edw. B Williams (M. D. or other) 0

Address 2601 N Whittier Date signed 2/18/47

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

MOTHER FATHER

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 Arthur L. Hilliard
Licensed Embalmer No. 4221
P. O. Address. 1154 Bayard

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.