

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40075

State File No.

FILED DEC 2 1952

318

1003

10174

BIRTH NO. 31586 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10174

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) township) <u>3 Hrs 40 Min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS 2249</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S</u>			d. STREET ADDRESS (If rural, give location) <u>29259 CHIPPEWA</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHLYN</u>		b. (Middle) <u>LOUISE</u>	c. (Last) <u>CLEVELAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 4 52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4-26-52</u>	9. AGE (in years last birthday) <u>6</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>SAINT LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ELDEON L. CLEVELAND</u>		13b. MOTHER'S MAIDEN NAME <u>MARCELLA HUTCHNER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Egan 500 So. Kingshighway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Salicylate intoxication</u>	II. OTHER SIGNIFICANT CONDITIONS				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b)				
	DUE TO (c)				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E8729</u>			
22. I hereby certify that I attended the deceased from <u>11-4</u> , 1952, to <u>11-4</u> , 1952, that I last saw the deceased alive on <u>11-4</u> , 1952, and that death occurred at <u>10:10 pm.</u> , from the causes and on the date stated above. <u>46</u>					
23a. SIGNATURE (Degree or title) <u>John C. Herweg M.D.</u>		23b. ADDRESS <u>500 So. Kingshighway</u>		23c. DATE SIGNED <u>11/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri,</u>		
DATE REC'D BY LOCAL REG. <u>NOV 5 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary,</u>	ADDRESS <u>2842 Meramec St., St. Louis, 18, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Had administered aspirin in two large quantities. Report blank found upon autopsy.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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, fact should be so stated above.