No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9942 1003
Registrar's No. 2537

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2217
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3509 Lawton

3. NAME OF DECEASED (Type or Print)
a. (First): Fitz
b. (Middle):
c. (Last): Cleveland

4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 54

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ? Single
8. DATE OF BIRTH: 12-4-1898
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Ia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Irene
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Irene Cleveland — ADDRESS: 3509 Lawton Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 002X

22. *I hereby certify that I attended the deceased from* 3-5, 1954, *to* 3-16, 1954, *that I last saw the deceased alive on* 3-16, 1954, *and that death occurred at* 10:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. B. Williams, O
(Degree or title): M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 3-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar 22/54
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo

DATE REC'D BY LOCAL REG.: MAR 19 1954
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: F.G. Frear — ADDRESS: 4214 Delmar

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No 296

P. O. Address 4214 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.