

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016677

318

1003

4222

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAY 1 1962

VS 300 Rev. 4/59	DATE AMENDED	
1		
24000-23		S
3		
4 C		
5 0		
6		
7 0		
8 2		
9		
10		
11		
1258-0		
13		
58		
USE BLACK INK OR TYPEWRITER RIBBON	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF
ITEM NO.	SHOULD READ	
BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS 17</u>	
Length of stay in 1b <u>1 hr. 15 min</u>		d. STREET ADDRESS (If outside, give location) <u>2531 VALLEY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>EVAN GEBELER DEACONESS HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BABY BOY CLEULEN</u>		4. DATE OF DEATH Month Day Year <u>APRIL 22, 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-62</u>
9. AGE (last birthday) <u>-</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>1 15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>United States of A.</u>			
13a. FATHER'S NAME <u>ALLAN CLEULEN</u>		13b. MOTHER'S MAIDEN NAME <u>THELA SALLEE</u>	
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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>MRS Thela Cleulen</u>		Address <u>2531 VALLEY ST. LOUIS 17, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Non-retal Respiratory Failure</u>			
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Pulmonary atelectasis</u>			
DUE TO (c) <u>762.0</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parasitosis in Mother. Mergolism.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4-22</u> to <u>4-22</u> and last saw him alive on <u>4-22-62</u> . Death occurred at <u>3:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank S. Robertson, M.D.</u>		22b. ADDRESS <u>1504 Marianne Clayton</u>	22c. DATE SIGNED <u>4-23-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Apr. 24th 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Darvel Hill Cem.</u>	23d. LOCATION (City, town or county) (State) <u>St. Louis Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Jay B. Smith</u> ADDRESS <u>Maplewood Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 24 1962</u>	26. REGISTRAR'S SIGNATURE <u>Dean Smith, M.D.</u>

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John B. Handy
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.