

FILED NOV 21 1949

STANDARD CERTIFICATE OF DEATH

6076 State File No. 39702

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>4338</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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, write RURAL and give township) OR TOWN <u>Jefferson Brks., Mo.</u>		c. LENGTH OF STAY (in this place) township) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		96	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>419 Carrswald Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>		b. (Middle) <u>HAVEN</u>		c. (Last) <u>CLEVELAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 6, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/3/83</u>	
9. AGE (In years) (If under 1 year, give birth day) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Portland, Maine</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alden T. Cleveland</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Haven</u>		14. NAME OF HUSBAND OR WIFE <u>Aurelia Cleveland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		16. SOCIAL SECURITY NO. <u>- - - -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE</u> 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. <u>Gastric Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/17</u> , 19 <u>49</u> to <u>11/6</u> , 19 <u>49</u> , and that death occurred at 6:55 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.E. Stilwell, M.D. Chf. Prof. Services</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS., MO.</u>		23c. DATE SIGNED <u>11/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Combs</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. DONNELLY</u>		ADDRESS <u>ST. LOUIS, MO. 3840 LINDELL</u>	

(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 embalmed by me, or by _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Thomas R. Lewick

Licensed Embalmer No. 3793

P. O. Address 3840 Linden

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

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