

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43013

State File No.

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3047

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 OR TOWN <u>Velda Village</u>	c. LENGTH OF STAY (in this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Velda Village</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3026 Gary Drive</u>		e. STREET ADDRESS (If rural, give location) <u>3026 Gary Drive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Benson</u>	c. (Last) <u>Cleveland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1955</u>
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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>May 13, 1904</u>	9. AGE (In years last birthday) <u>51 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Harvester Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James R. Cleveland</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Cheatham</u>	14. NAME OF HUSBAND OR WIFE <u>Edna (Hamp) Cleveland</u>
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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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Cleveland, 3026 Gary Dr.</u>	ADDRESS <u>20</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 mo.</u> <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 7, 1954, to 12-25, 1955, that I last saw the deceased alive on 12-25, 1955, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald Keake</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>12-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>	ADDRESS <u>4828 Nat'l Bridge Blvd. 15</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
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File in County.

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.....
Signature of Student Embalmer

Signed *John A. Mendenhall*.....
Licensed Embalmer No....4118

P. O. Address *St. Louis*.....

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.