

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

State File No. **3569**

FILED FEB 14 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **71**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
c. LENGTH OF STAY (In this place) 13 Days		d. STREET ADDRESS (If rural, give location) RFD No. 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Cleveland b. (Middle) GULLEDGE c. (Last) GULLEDGE			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR: Days 5 Hours 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Goodman, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unavailable	13b. MOTHER'S MAIDEN NAME Unavailable	14. NAME OF HUSBAND OR WIFE Alfreda
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I	16. SOCIAL SECURITY NO. 491 26 2936	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar	ADDRESS VA Hosp Jeff. Bks. Mo.
--	---	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RUPTURE AORTIC ANEURYSM		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 30 D		
	DUE TO (c) SYPHILIS		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 6 2 2 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Dec. 28, 1948**, to **Jan. 10, 1949**, that I last saw the deceased alive on **Jan. 10, 1949**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell, M.D. Chf. Prof. (Services) (Degree or title)	23b. ADDRESS VA Hospital Jefferson Barracks 23, Mo.	23c. DATE SIGNED 1/10/49
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 1-13-49	REGISTRAR'S SIGNATURE Shirley Sturgeon	25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home	ADDRESS 4107 Finney, St. Louis
--	--	---	--

SEP 15 1949

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 _____

Paul V. Freeman

Student Embalmer No. 276

working under my personal supervision.

Paul V. Freeman

Student
Student Embalmer

Signed

John J. Henderson

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.