

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14426

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4052

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>7099</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>4247 N. 19th St.</u>		d. STREET ADDRESS (If rural, give location) <u>4247 N. 19th St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u> b. (Middle) c. (Last) <u>Cleveland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 20, 1885</u>
9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hammerstedt</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Chester A. Cleveland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates at service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>488-01-2054</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Chester Cleveland, Jr.</u>		ADDRESS <u>4247 N. 19th</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Hypertension</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u> <u>4 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. DATE OF OPERATION	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>	
22. I hereby certify that I attended the deceased from <u>4/1</u> , 19 <u>50</u> , to <u>5/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/28</u> , 19 <u>50</u> , and that death occurred at <u>12:00A</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles W. Maeder, M.D.</u>		23b. ADDRESS <u>3911 Lee Ave. St. Louis</u>	
23c. DATE SIGNED <u>5/4/50</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		23f. DATE REC'D BY LOCAL REG. <u>MAY 4 1950</u>	
23g. REGISTRAR'S SIGNATURE <u>[Signature]</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO., 3710 N. Grand Bl.</u>	
23i. ADDRESS		23j. DATE SIGNED	

(Licensed Embalmer's Statement on Reverse Side)

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

3911 Lee - 17th.
Dr. Wm. L. Martin

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 *Albert Mayfield*

Licensed Embalmer No. 3077

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