

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42051**
Registrar's No. **2804**

Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jeff. Brks.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 16 yr.
years, months or days)

3: (a) PRINT FULL NAME CLOVER, Willie A.
3. (b) If veteran, name war WW-1 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 3, 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 8 If less than one day hr. min. 0

9. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business --

MOTHER FATHER { 12. Name John Clover
13. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Votaw
15. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VAH,
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof Dec 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Rowland Mortuary

(b) Address 1106 Manchester Ave., St. L., Mo.

19. (a) 12-15-48 (b) Richard S. Linger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town St. Clair
(If outside city or town limits, write "RURAL")
(d) Street No. -- (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11,
year 1948 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from 12/1/48, 1948 to 12/11/48, 1948;
that I last saw him alive on December 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration
secondary to coronary thrombosis

Due to 94 a
Due to 94 a

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy No Autopsy Performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence --
(c) Where did injury occur? ---
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place) (e) Means of injury ---

Signature L. E. Stilwell (M. D. or other)
Address L. E. STILWELL, Chief Professional

(Licensed Embalmer's Statement on Reverse Side) VAH, Jeff. Brks, Mo. 12/13/48

JAN 1954

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *4253*
P. O. Address *St. Louis 10, Mo*

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.