

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41635

XC 14189255

REG #114347

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2847

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS			c. LENGTH OF STAY (in this place) 17 DAYS		c. CITY OR TOWN EDWARDSVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				e. STREET ADDRESS (If rural, give location) 514 CASS AVENUE							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) HOLIARD		c. (Last) CLAWSON		4. DATE OF DEATH (Month) (Day) (Year) 11-4-53				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-1-94					
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN			10b. KIND OF BUSINESS OR INDUSTRY US POST OFFICE		11. BIRTHPLACE (City and State or Foreign Country) EDWARDSVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME FILMORE CLAWSON			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA CLAWSON						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH unknown			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with myocardial infarction</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) VA m.		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 10-18-53 , 19____, to 11-3-53 , 19____, that I last saw the deceased XXXXXX , and that death occurred at 4:35A m., from the causes and on the date stated above.											
23a. SIGNATURE R. A. ALLEN, (Degree or title) MD				23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 11-4-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-4-53		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Edwardsville Illinois.					
DATE REC'D BY LOCAL REG. 11/4/53		REGISTRAR'S SIGNATURE Hebert G. Sankel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.							

(Licensed Embalmer's Statement on Reverse Side)

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

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 *G. W. Wilkin*.....

Licensed Embalmer No. *35*.....

P. O. Address *Albany*.....

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.