

S. No. 300
No. 48

XC 3120682

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44745
State File No.

REG# 110949

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3330

4000
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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 CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 214 DAYS	c. CITY OR TOWN FULTON
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 411 EAST 8TH STREET	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ERNEST c. (Last) DEWS			4. DATE OF DEATH (Month) (Day) (Year) 12-26-53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE-NEVER MARRIED	8. DATE OF BIRTH 11-18-90
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and State or Foreign Country) CALLAWAY COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FLOYD DEWS	13b. MOTHER'S MAIDEN NAME SUSAN POTTS
14. NAME OF HUSBAND OR WIFE NEVER MARRIED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I and PEACE	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, 23, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SYPHILITIC AORTIC ANEURYSM ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	
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 5-26-53, 19____, to 12-26-53, 19____, that I last saw the deceased alive on _____, and that death occurred at 7:00P. m., from the causes and on the date stated above.			
23a. SIGNATURE Robert C. Hoppe		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	
23c. DATE SIGNED		23d. NAME OF CEMETERY OR CREMATORY Local	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-28-53	
24c. LOCATION (City, town, or county) (State) Fulton, Missouri.		24d. DATE REC'D BY LOCAL REG. 12-28-53	
REGISTRAR'S SIGNATURE Herbert R. Romke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington.	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Paul G. Wachten*

Licensed Embalmer No. *4287*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.