

SL# 115 FILED APR 29 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3472

1. PLACE OF DEATH a. COUNTY			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 915 N. GRAND, ST. LOUIS, MO		c. LENGTH OF STAY (in this place) 25 DAYS	c. CITY OR TOWN GRANITE CITY		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) 2121 E. 21 TH STREET 812 8			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) F c. (Last) STRICKER			4. DATE OF DEATH (Month) (Day) (Year) 4-17-54			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-27-75	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY STRICKER		13b. MOTHER'S MAIDEN NAME IRENE MASS		14. NAME OF HUSBAND OR WIFE ANNA STRICKER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) SPAW	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, 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). MEDICAL CERTIFICATION GIANT FOLLICULAR LYMPHOMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	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) 202.0			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3-23-54, 19__, to 4-17-54, 19__, that I last saw the deceased alive on and that death occurred at 2:10A. m., from the causes and on the date stated above.						
23a. SIGNATURE, WILLIAM S. WILSON, M.D. (Regist. or Not)			23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 4-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-21-54	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	24d. LOCATION (City, town, or county) (State) JEFF. BRKS, MO.			
DATE REC'D BY LOCAL REG. APR 19 1954	REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME 6322 S. GRAND			

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 *Francis J. Wapland*

Licensed Embalmer No. *451*

P. O. Address *6322 So. 2nd*

**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.**