

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17362

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54 Registrar's No. 1175

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 Clayton, Mo.		c. CITY OR TOWN Woodriver	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County, Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) B. c. (Last) Anglin		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1925
9. AGE (In years last birthday) 29		10. KIND OF BUSINESS OR INDUSTRY Auto Mfg.	11. BIRTHPLACE (City and State or Foreign Country) Hurst, Illinois,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mfg.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Hallie Anglin	13b. MOTHER'S MAIDEN NAME Delta Mae Barnett	14. NAME OF HUSBAND OR WIFE Phyllis Anglin.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. 2	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Adams, St. Clair, Mo. Box. 231.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) from multiple internal injuries and fractures suffered while operating his automobile east on Highway 140, of which he lost control DUE TO (b) and collided with a westbound automobile in the westbound lane, and being operated by Theodore Jockenhoefer of Webster Groves, near the intersection of Highway 67. Body removed to County Hospital by WHITE AMBULANCE.		INTERVAL BETWEEN ONSET AND DEATH
	2. 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 WHITE AMBULANCE.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 19, 1954 5:05 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? LOST CONTROL OF CAR & COLLIDED WITH ANOTHER AUTOMOBILE

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Williamson, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 5-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-20-54	24c. NAME OF CEMETERY OR CREMATORY Desarc Cemetery
24d. LOCATION (City, town, or county) (State) Desarc, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

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

1951 JUN 8

1951 JUN 7

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 *Robert M. Murray*.....

Licensed Embalmer No. *37490*.....

P. O. Address *St. Louis*.....

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.