S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38951

FILED DEC 4 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2603

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 Days (Specify whether
In this community 52 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union

(c) City or town Cobden, Illinois
(If outside city or town limits, write "RURAL")

(d) Street No. Box 16
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

999
11
2

3. (a) PRINT FULL NAME CLAXTON, Roy K.

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married; divorced Single

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March (Month) 1 (Day) 1926 (Year)

8. AGE: Years 22 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Cobden, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Roy Claxton
13. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Amy Davis
15. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)

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

17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cobden, Ill.

18. (a) Signature of funeral director A.H. Hoppe, Inc.
(b) Address 4700 Washington, St. Louis, Mo.

19. (a) 11-9-48 (Date received local registrar) (b) Cecil A. Z. Sharp M.D. B.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1948 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from September 16, 1948, to November 7, 1948
that I last saw him alive on November 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death RETICULUM CELL SARCOMA OF TONSIL — Duration Unk.

Contributory cause: BOWEL OBSTRUCTION WITH METASTASIS

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy performed (See cause of death)

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) None

(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?
(Specify type of place)

While at work? L.E. Stilwell (Name of injury)

23. Signature L.E. Stilwell, Chief, Professional Services (M. D.)
Address VAH, Jeff. Bks. Mo. Date signed 11/8/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gerald W. Deitrich

Licensed Embalmer No. 7329

P. O. Address.....

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.