

STANDARD CERTIFICATE OF DEATH

State File No. _____

Reg. # 94935 7-16-51

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2524

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS <i>7000</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS <i>2154</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL		d. STREET ADDRESS (If rural, give location) 15 4420 S. MAIN	
3. NAME OF DECEASED a. (First) HENRY		b. (Middle) T.	
c. (Last) CLARKSON		4. DATE OF DEATH (Month) (Day) (Year) 6-26-51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-23-88
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	11. BIRTHPLACE (State or foreign country) TEXAS COUNTY, MISSOURI
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN M. CLARKSON		13b. MOTHER'S MAIDEN NAME NAN COX	
14. NAME OF HUSBAND OR WIFE CLARA CLARKSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR TACHYCARDIA ANTECEDENT CAUSES HYPERTENSIVE AND ARTERIOSCLEROTIC DUE TO (b) HEART DISEASE 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) JEFF. BRKS. MO. MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 6-25 , 19 51 , to 6-26 , 19 51 , XXXXXXXXXXXXXXXXXXXX and that death occurred at 11:30P m., from the causes and on the date stated above.	
23a. SIGNATURE <i>L. Estilwell</i> (Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BKS. MO.	
23c. DATE SIGNED 6-27-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 29, 1951		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFF. BRKS. MO.		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER ADDRESS U&L COMPANY, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 6-28-51		REGISTRAR'S SIGNATURE <i>Robert P. Dombke</i>	

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
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.