

XC-12 792 031

Reg. X105,865

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

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ALTON</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>613 LINCOLN STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vets. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>	b. (Middle) <u>T.</u>	c. (Last) <u>FAIR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 20 1952</u>
--	-----------------------	-----------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>8-17-1907</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours
--------------------	-------------------------------	--	-----------------------------------	---	------------------------	-----------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHITE HALL, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>THOMAS FAIR</u>	13b. MOTHER'S MAIDEN NAME <u>NORA JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>	16. SOCIAL SECURITY NO. <u>561 16 8759</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u>
---	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRRHOSIS, LAENNEC'S</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>5811</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GASTRO-INTESTINAL HEMORRHAGE</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	-----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	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) <u>VA</u>	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 10-18-52, 1952, to 10-20-52, 1952, and that death occurred at 6:22a m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>VA HOSP., JEFF. BRKS., MO.</u>	23c. DATE SIGNED <u>10-20-52</u>
-----------------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield, Ill.</u>	24d. LOCATION (City, town, or county) (State)
--	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10/20/52</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donohue-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>
--	---	--

PIT

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 *Fred J. Farmer*

Licensed Embalmer No. *4788*

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.