

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44107

-XC-354 839
R.# 105 382

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 3287

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>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>85 days</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>		d. STREET ADDRESS (If rural, give location) <u>667 N. 61st St.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>L.</u> c. (Last) <u>CARAWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-9-98</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWITCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>METROPOLIS, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>DAVE CARAWAY</u>		13b. MOTHER'S MAIDEN NAME <u>DORA KEITH</u>		14. NAME OF HUSBAND OR WIFE <u>EVELYN CARAWAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>		DUE TO (b) <u>HYPERTENSION OF LESSER CIRCULATION</u>			
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>PULMONARY FIBROSIS AND EMPHYSEMA</u>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>ARTERIOSCLEROTIC HEART DISEASE AND UREMIA.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>UREMIA.</u>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 9-30-52, to 12-24-52, and that death occurred at 10:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Allen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>12-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Metropolis, Illinois</u>

DATE REC'D BY LOCAL REG. <u>12-24-52</u>	REGISTRAR'S SIGNATURE <u>Herkert R. Tombs</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppa</u>	ADDRESS <u>4700 Washington</u>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.