

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 3 1953
XC2238755, REG #109203

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 831

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>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FLORA</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>PO BOX 82</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>MARVIN</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-53</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>2-28-01</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EMET, OKLAHOMA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>C. L. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>CORA HUNTER</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL WILLIAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>11-16-20 11-15-22 UNKNOWN</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>CARCINOMA, LUNG, RT. UPPER LOBE WITH METASTASIS TO LEFT PARIETAL LOBE OF BRAIN</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>NONE</u>					
As morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>NONE</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>NONE</u>					
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>3-15-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>BRAIN TUMOR (CRANIOTOMY)</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) <u>163X</u>			

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?	
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22. I hereby certify that I attended the deceased from 3-13-53, 1953, to 3-17-53, 1953, that I last saw the deceased at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE OF DECEASED <u>[Signature]</u>		23b. ADDRESS <u>VAH, JEFFERSON BARRACKS, MO.</u>		23c. DATE SIGNED <u>3-17-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne City, Illinois</u>	
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DATE REC'D BY LOCAL REG. <u>3-18-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb M.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.