

XC-UNKNOWN

THE DIVISION OF HEALTH OF MISSOURI

2769

SL-5742

FILED FEB 14 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

196

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY <i>St Louis</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLAND <i>4231</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.			Length of stay in 1b 5 DAYS		d. STREET ADDRESS (If outside, give location) 27 2811 WEST MILTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CLARKSON, WALTER E.				4. DATE OF DEATH Month Day Year 1/6/58					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/9/87		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - MISSOURY ROCKY MOUNTAIN AND R.R.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN CLARKSON			13b. MOTHER'S MAIDEN NAME FRANCES SMITH			14. NAME OF HUSBAND OR WIFE RUBY E. CLARKSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1			16. SOCIAL SECURITY NO. 708 14 2570		17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT							INTERVAL BETWEEN ONSET AND DEATH 3 DAYS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) GENERALIZED ARTERIOSCELOSIS		33 1/4		UNKNOWN		
DUE TO (c) - - - - -			- - - - -		- - - - -		-		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> none <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21// attended the deceased from 1/1/58 to 1/6/58 and last saw sex him alive on 1/6/58			Death occurred at 2:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>H. Westphalinger M.D.</i>							22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 1/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-9-58		23c. NAME OF CEMETERY OR CREMATORY MITCHELLMAN		23d. LOCATION (City, town or county) (State) PATTONVILLE MO			
24. FUNERAL DIRECTOR ADDRESS CARL HILKEMAN 9707 LACKLAND OVERLAND MO.				25. DATE RECD. BY LOCAL REG. JAN 8 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Emil Hillman*

Licensed Embalmer No. *3501*
P. O. Address *Oakland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.