

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

APR 9 1937

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791 File No. 10113  
 Township St. Louis Primary Registration District No. 1008 Registered No. 2677  
 City St. Louis (No. 4-6-4-1) Edendale St. St. 10 Ward 10

**2. FULL NAME**

(a) Residence, No. 4-6-4-1 Edendale St., 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1st 1936</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>2</u>
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
13. NAME <u>Clayward</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
15. MAIDEN NAME <u>Floretta C. Malley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT (ADDRESS) <u>Clayward</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Mar 9th 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. F. Stewart</u>		
20. FILER (ADDRESS) <u>J. Bredeck</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26-37, 1937 to 3-6-37, 1937.  
 I last saw him alive on 3-6-37, 1937. Death is said to have occurred on the date stated above, at 11 a m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza Pneumonia  
General debility due to influenza pneumonia  
 Date of onset 2-26-37

Other contributory causes of importance: 11 a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 Who test confirmed diagnosis Cam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Clayward M. D.  
 (Address) 5388 1/2 Mar Blvd

MAR 8 1937

Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

