DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30512

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7575

1. PLACE OF DEATH:

(a) County 2

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2732 Lawton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2732 Lawton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Clay 40

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Clay 60

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years About 57 | Months | Days | If less than one day hr. min.

9. Birthplace Southside Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Baker
13. Birthplace VA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriot North
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Baker
(b) Address 1933 Delaware st Gary Ind

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Sept 1 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton blvd

19. (a) SEP 1 1939 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 39 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 8/25/1939, 19__, to 8/28, 1939;
that I last saw her alive on 8/28, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	10 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. Shegg (M. D. or other)
Address 11 N Jefferson ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—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.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lydia Hughes

Licensed Embalmer No. 2938

P. O. Address 2620 Lawton

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, above space should be left blank.