

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.

Registration District No. 791 1002 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 yrs. 4 mos. 26  
47 yrs. (Specify whether  
 in this community years, months or days)

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 13 18  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4240 Papin St.  
5400 Central (If rural give lot and county)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Henry Clay  
 (b) If veteran, name war No (c) Social Security No. No

4. Sex Male 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Widower  
 (b) Name of husband or wife Leona Glascock Clay  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 4 1864  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 7  
 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Columbia, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paper Hanger

11. Industry or business Own Business

MOTHER FATHER { 12. Name Bratton  
 13. Birthplace West Virginia  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jane Clay (slave)  
 15. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Palmer

(b) Address 4240 Papin St

17. (a) Burial (b) Date thereof 1-15-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director McDowell Funeral Home  
 (b) Address 3586 Franklin Ave. (11)

19. (a) JAN 13 1940 (b) \_\_\_\_\_  
 (Date received by local registrar)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 11th.,  
 year 1940 hour 7:55 minute A.M. M.  
 21. I hereby certify that I attended the deceased from  
July 1, 1939 to Jan. 11th., 1940  
 that I last saw him alive on Jan. 11th., 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure  
Cause unknown 1-11-40  
 Due to no definite heart disease  
 Due to Senility 8-17-36x

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 16 2

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy No

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. ... (and brother)  
 Address 5400 Central Date signed 1-11-40

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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...

William C. McDowell, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3806 Franklin Ave

**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.**