

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8983

Registration District No. 791

Primary Registration District No.

Registrar's No. 2393

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

1. PLACE OF DEATH:

(a) County City

(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:  
CITY HOSP # 11  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 HR  
(Specify whether years, months or days)

In this community 12 YRS

3. (a) PRINT FULL NAME WILLIAM CLAY

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife MAXINE 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept 14 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41 6 2 hr. min.

9. Birthplace CRAWFORD COUNTY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER

12. Name GREEN CLAY

13. Birthplace CRAWFORD COUNTY MO  
(City, town, or county) (State or foreign country)

14. Maiden name MARY PINNETT

15. Birthplace CRAWFORD COUNTY MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Wife Dept

(b) Address 4425 N. 1st St

17. (a) BURIAL (b) Date thereof MAR. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo MO

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6125 Delaney

19. (a) MAR 17 1941 (b) J. W. Bredek  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 25

(c) City or town ST LOUIS 000  
(If outside city or town limits, write "RURAL")

(d) Street No. 1318 N 14th ST 17  
(If rural, give location)

(e) No attending physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16  
year 1941 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Self Administered  
at 1318 So. 14th St on 3/16/41

Due to Exact time unknown

Due to \_\_\_\_\_

Other conditions 163  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) suicide

(b) Date of occurrence 3/16/41

(c) Where did injury occur? St Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

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

23. Signature J. W. Bredek 6000  
(M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

**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.**