

No. 2  
4-41  
17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33487**  
Registrar's No. **8443**

**FILLED NOV 24 1941**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
(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:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **3 days**  
(Specify whether  
In this community..... **25 years**  
years, months or days)

3. (a) PRINT FULL NAME **Annie Clayburn**  
3. (b) If veteran, name war..... **None**  
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..... **James Clayburn**  
6. (c) Age of husband or wife if alive..... **Dead** years  
7. Birth date of deceased..... **Nov 4 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 11 17** hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Spencer Clemmons**  
13. Birthplace..... **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Sarah Thompson**  
(City, town, or county) (State or foreign country)  
15. Birthplace..... **VA**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Sarah Jackson**  
(b) Address..... **3226 Lawton**

17. (a) **Burial** (b) Date thereof..... **Oct 26 -41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Music Mo**

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

19. (a) **OCT 23 1941** (b) **J. F. Budeck**  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **949 W. Cabany Court**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **21,** 1941  
year..... hour..... **9** minute..... **35 P.** M.  
21. I hereby certify that I attended the deceased from..... **Oct. 18, 1941**  
..... 19..... to..... **October 21,** 19..... **41**  
that I last saw h..... **er** alive on..... **October 21,** 19..... **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Arteriosclerotic Heart Disease**  
Duration..... **Unk.**  
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?

While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature..... **J. W. Johnson** (M. D. or other)  
Address..... **2601 N. Whittier** Date signed..... **10-24-41**

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lyda Hughes*  
Licensed Embalmer No. *2938*  
P. O. Address *St Louis mo*

**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.**