

No. 2
-5-42
-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28619
State File No. 7582
Registrar's No.

FILED SEP 23 1942 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips
(d) Length of stay: In hospital or institution 4 Months
In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(d) Street No.
(e) Citizen of foreign country? / (Yes or No)

3. (a) PRINT FULL NAME Charley O. Clay

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Clay 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 6, 1883

8. AGE: Years 59 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Union Missouri

10. Usual occupation Laborer

11. Industry or business P. W. A.

12. Name Squire Clay

13. Birthplace Unknown

14. Maiden name Oliver Snoddy

15. Birthplace Unknown

16. (a) Informant Ms. Mary Clay

(b) Address Crystal City, Mo.

17. (a) Burial Sept. 13, 1942 (b) Date thereof Crystal City, Mo.

(c) Place: burial or cremation

18. (a) Signature of funeral director G. J. Polite

(b) Address Crystal City, Mo.

19. (a) SEP 11 1942 (b) Registrar's signature J. F. Budzek

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 8th.

year 1942 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from May 11, 1942 to September 8, 1942; that I last saw him alive on September 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Luetic Meningo vasculo-encephalitis Unk. Cerebral Hemorrhage 4 mos.

Due to

Due to

Other conditions: 304
Major findings: 304
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

Where did injury occur?
(c) 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. J. Pruess (M. D. or other)
Address 2601 Whittier Date signed 9/11/42

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

MOTHER FATHER

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.....

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

working under my personal supervision.

Signed.....

Gentry R. Pollette

Licensed Embalmer No. **3481**

P. O. Address **Crystal City, Missouri**

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.