

No. 2  
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5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10722

State File No.

FILED APR 1 1946

Registration District No.

Primary Registration District No.

6076

Registrar's No.

728

1. PLACE OF DEATH:

(a) County St. Louis 96  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution: Veterans Administration Hospital  
(d) Length of stay: In hospital or institution since 3/8/46  
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2220 Chestnut Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLAY, Solomon

3. (b) If veteran, name war World I 3. (c) Social Security No. 490228963

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

6. (b) Name of husband or wife Emily Clay 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October 10 1893

8. AGE: Years 52 Months 5 Days 15 If less than one day hr. min.

9. Birthplace New Orleans, Louisiana

10. Usual occupation Steward

11. Industry or business

12. Name Jack Clay

13. Birthplace New Orleans, Louisiana

14. Maiden name Sarah Parnell

15. Birthplace New Orleans, Louisiana

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date of death 3-29-46

18. (a) Signature of funeral director W. E. Stilwell (b) Address 3103 Washington St. St. Louis, Mo.

19. (a) 3-27-46 (b) Wm. Samuels

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1946 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 3/8/46 to 3/25/46

that I last saw him alive on March 25 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA ACUTE

Due to 133a

Due to

Other conditions PYONEPHROSIS; URETHRAL CALCULUS

Major findings: Of operations No Operation

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Signature L. E. STILWELL, M.D.

(d) Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 3/25/46

Duration

UNK

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

707

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1948

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..... *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4675 Aldine*.....

**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.