

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43114**
 Registrar's No. **04643**

FILED DEC 17 1949

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 5063		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. LENGTH OF STAY (In this place) 7 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winnifield		3. 33			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSPITAL				d. STREET ADDRESS (If rural, give locality) 716 Sprague					
3. NAME OF DECEASED (Type or Print) WALTER			a. (First)		b. (Middle) CLAYBROOK		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 12 6 49		5. SEX M		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH 4/11/1880	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY apt house		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-10-6154		17. INFORMANT'S SIGNATURE OR NAME Roy Halsey				ADDRESS 6612 Clement St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Hydrocephrosis						INTERVAL BETWEEN ONSET AND DEATH 6 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy						1 yr	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Fibromas, skin						61DX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 61DX						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-21-1949 , to 12-6-1949 , that I last saw the deceased alive on 12-6-1949 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE R. J. Scheuer, Jr.			23b. ADDRESS 60 Brentwood, Clayton			23c. DATE SIGNED 12-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) NOXIAL		24b. DATE 12/10/49		24c. NAME OF CEMETERY OR CREMATORY W. A. S. ...		24d. LOCATION (City, town, or county) (State) St Louis Co MO			
DATE REC'D BY LOCAL REG. 12-9-49		REGISTRAR'S SIGNATURE Herbert R. ...			25. FUNERAL DIRECTOR'S SIGNATURE Levis - 22 Euclid, No. 9				

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

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

J. P. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow St*

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.