

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital

2. USUAL RESIDENCE of the deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) 2147  
TOWN St. Louis  
14. STREET ADDRESS (If rural, give location) 5310 Nottingham Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) WALTER b. (Middle) B. c. (Last) CLAYTON  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Aug. 31, 1881 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Cotton Belt  
10b. KIND OF BUSINESS OR INDUSTRY R.R. Co.  
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.  
12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME John A. Clayton 13b. MOTHER'S MAIDEN NAME Louise Hauser 14. NAME OF HUSBAND OR WIFE Clara L. Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Clara L. Clayton ADDRESS 5310 Nottingham Av

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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis  
ANTECEDENT CAUSES DUE TO (b) hypertension  
DUE TO (c) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ruptured diverticulum colon  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.  
5 yrs.  
48 hrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 443X

22. I hereby certify that I attended the deceased from Nov 7, 1942, to Oct 2, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE Clara L. Clayton (Degree or title) M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 10-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 5, 1950 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. OCT 3 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

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

Form 540

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Richard W. Stoverand

Licensed Embalmer No. 4007

P. O. Address.....

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.