

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38839**
Registrar's No. **10967**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hosoiatal</u>		d. STREET ADDRESS (If rural, give location) <u>750 1/2 N. Euclid Ave</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Willie</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Claxton</u>	<u>Dec. 9 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Separated</u>	8. DATE OF BIRTH <u>May 24, 1903</u>	9. AGE (In years last birthday) <u>48</u>	10. MONTHS <u>6</u>	11. DAYS <u>15</u>	12. CITIZEN OF WHAT COUNTRY? _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic etc</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Memphis, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Henry Walton</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hale</u> ADDRESS <u>750a N. Euclid</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Essential Hypertension</u>		<u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Undetermined</u>		<u>Undet.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>321X</u>
22. I hereby certify that I attended the deceased from <u>12-4</u> , 19 <u>51</u> , to <u>12-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>51</u> , and that death occurred at <u>6:30p</u> m., from the causes and on the date stated above.		

23a. SIGNATURE <u>Arness W. Harris</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>12-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipping</u>	24b. DATE <u>12-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn</u>		

DATE RECD BY LOCAL <u>DEC 11 1951</u>	REGISTRAR'S SIGNATURE <u>Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkins Brod</u> ADDRESS <u>3644 Finney</u>
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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

John K. Cunningham

Licensed Embalmer No. 4426

P. O. Address 4109 Kinney

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.