

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32835**  
Registrar's No. **8483**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1030 Rutger</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederic</b> b. (Middle) c. (Last) <b>Clayton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-7-52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-26-1890</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>62</b>	11. DAYS <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Interior Decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Decorating</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Clayton 1030 Rutg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Clayton Jr 1300 S 14th Street</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Perforated duodenal ulcer &amp; generalized peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Approx 2 da.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		<b>541</b>	
22. I hereby certify that I attended the deceased from <b>9-5-52</b> , 19____, to <b>9-7-52</b> , 19____, that I last saw the deceased alive on <b>9-7-52</b> , 19____, and that death occurred at <b>7:05 A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. W. Schirman M.D.</b>		23b. ADDRESS <b>1325 S. Grand, St. Louis 4, Mo.</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/10/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St Matthews Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>SEP 9 1952</b>		REGISTRAR'S SIGNATURE <b>Clayton Smith M.D.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Moydell</b>		ADDRESS <b>Moydell Funeral Home 1926 Allen Av</b>	

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. A. Shannon

Licensed Embalmer No.

1533

P. O. Address

St Louis Mo

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.