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THE DIVISION OF HEALTH OF MISSOURI

21730

Reg. #16031

STANDARD CERTIFICATE OF DEATH

State File No. 5800

SL #3270

FILED JUN 29 1956

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Registrar's No. 5800

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Illinois b. COUNTY Saint Clair	
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN 915 N. Grand, St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 45 days	c. CITY OR TOWN E. St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 314 S. 5th St.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) LUCIAN		b. (Middle) CLAY	c. (Last) CLAY
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1956		5. SEX Male 6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 12/23/23	9. AGE (in years last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALEX CLAY	
13b. MOTHER'S MAIDEN NAME SUSIE HODGES		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2		16. SOCIAL SECURITY NO. 331-24-5675	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo. ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>		260x	
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) VA	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 4/30 , 19 56 , to 6/14 , 19 56 , and that death occurred at 6:10 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE J.T. Kaminski (Degree or title) M.D.		23b. ADDRESS 915 N. Grand, VAH, St. Louis, Mo.	23c. DATE SIGNED 6/14/56
24a. PARTIAL CREMATION REMOVAL (Specify) Removed	24b. DATE 6/16/56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Bks, Missouri
DATE REC'D BY LOCAL REG. JUN 19 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Missouri Ave St. Louis, Mo. ADDRESS	

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.....
Signature of Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 76th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.