

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24884**

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. **6446**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4224 E. Aldine					
3. NAME OF DECEASED (Type or Print) a. (First) Virginia			b. (Middle) Clayton		c. (Last) Clayton				
4. DATE OF DEATH (Month) (Day) (Year) 7 6 56		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 5-4-1914		9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		11. BIRTHPLACE (City and State or Foreign Country) Luxemburg Miss			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY House Wife		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Redgas			
13b. MOTHER'S MAIDEN NAME Lurem Davis		14. NAME OF HUSBAND OR WIFE O.C. Clayton		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 O.C. Clayton		ADDRESS 4224 Aldine 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Accident 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. Hypertensive Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x				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) (m.)			
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 7-2 , 19 56 , to 7-6 , 19 56 , that I last saw the deceased alive on 7-6 , 19 56 , and that death occurred at 10:50a m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh Waters				23b. ADDRESS M. D. 2601 N. Whittier		23c. DATE SIGNED 7-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-10-56		24c. NAME OF CEMETERY OR CREMATORY Boaker Washington		24d. LOCATION (City, town or county) (State) East St. Louis Ill			
DATE REC'D BY LOCAL REG. JUL 10 1956		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Burk ADDRESS 3506 Franklin					

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.....

Leroy W. Gunnist
Licensed Embalmer No. 452

P. O. Address 2616 Durr

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.