N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 18 1936

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

29226
29240

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 3662 Finney Ave St. ..... Ward)

File No. .....

Registered No. 8009

**2. FULL NAME** Charles A. Clay

(a) Residence, No. ..... St., 11 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Anna Clay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1869

7. AGE: Years 67 | Months 0 | Days 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Clay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Mary Queenan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Anna Clay 3662 Finney Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 7/31 1936

19. UNDERTAKER (ADDRESS) Arthur J Donnelly 3840 Lindell Blvd

20. FILED JUL 29 1936 19 J F Bredeck Registrar.

JUL 29 1936

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12 1936 to July 27 1936

I last saw him alive on July 27 1936. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Cardiac Hypertrophy
Cardiac Dilatation

Date of onset

Other contributory causes of importance: 93 C

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas B Keeble M. D.

(Address) 1657 S. Grand.

Dr. Reeve
1657 S Grand
1-2 VR