

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

24106
Do not use this space.

RECEIVED 12 1938

1. PLACE OF DEATH / Registration District No. **791**
 (a) County..... / Primary Registration District No. **1003**
 (b) Township.....
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **13** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Maggie Donham Clay**
 (a) Residence, No. **2411 N Taylor** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15, 1878**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as 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) **Arkansas**

FATHER 13. NAME **Peter Henderson**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Florida**

MOTHER 15. MAIDEN NAME **Rita ?**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **7/30/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **C. J. B. 400 N. 4th St. St. Louis**

20. FILED **JUL 30 1938** **J. F. Brubaker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 5, 1938** to **July 26, 1938**
 I last saw h. or alive on **July 26, 1938** Death is said to have occurred on the date stated above, at **2:08 p.m.**
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic heart disease Date of onset **7/5/38**

Other contributory causes of importance:
APW

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **YES**

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 **H. J. Lyman** M. D.
 (Signed) **H. J. Lyman** (Address) **2601 N Whittier**

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

33712

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, above space should be left blank.