

REG JUL 12 1939 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**

- (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4139 Grove Ave** **2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days8. (a) PRINT FULL NAME **Claude E. Clay**8. (b) If veteran,  
name war \_\_\_\_\_

8. (c) Social Security

**492-03-7885**4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**6. (b) Name of husband or wife **Lillie** 6. (c) Age of husband or wife if alive **54** years7. Birth date of deceased **Sept. 9, 1880**  
(Month) (Day) (Year)8. AGE: Years **58** Months **9** Days **4** If less than one day  
hr. min.9. Birthplace **Bonne Terre Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Stationery Engineer**11. Industry or business **Laclade Gas Co**12. Name **Robt. Clay**13. Birthplace **M Missouri**  
(City, town, or county) (State or foreign country)14. Maiden name **Narcina Breckenridge**15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Lillie Clay**(b) Address **4139 Grove Ave**17. (a) **Burial** (b) Date thereof **6/15/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Farmington, Mo**18. (a) Signature of funeral director **R. W. McLaughlin**(b) Address **2301 Lafayette Avenue**19. (a) **JUN 13 1939** (b) **J. P. [Signature]**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4139 Grove** **10**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6/13/39** day \_\_\_\_\_  
 year \_\_\_\_\_ hour **6** minute **10 A.** M.21. I hereby certify that I attended the deceased from  
**August 23 1928** to **June 13 1939**;  
 that I last saw him alive on **June 12 1939**  
 and that death occurred on the date and hour stated above.Immediate cause of death **Cerebral thrombosis due about to arteriosclerosis** **1935**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Arteriosclerotic Vascular Disease**  
(Include pregnancy within 3 months of death)Major findings:  
Of operations **None**Of autopsy **None**

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature **Charles [Signature] M. D.** (M. D. or other) \_\_\_\_\_Address **3911 Lee Ave** Date signed **6/13/39**

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**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 *A. P. Cooper*

Licensed Embalmer No. 26223

P. O. Address 2517 Lafayette

**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.