

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

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

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

Registrar's No. 9064

791  
1008 NOV 13 1939

1. PLACE OF DEATH:

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
Unknown 3 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Clay  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race Col  
6. (a) Single, widowed, married, divorced, Separated  
6. (b) Name of husband or wife Eldridge Clay 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased June 23 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 3 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Little Rock Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WASHINGTON GRANT  
13. Birthplace ARK  
(City, town, or county) (State or foreign country)  
14. Maiden name MILINDA LASHLEY  
15. Birthplace ARK  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Howard Grant  
(b) Address 3322 Olive

17. (a) BURIAL (b) Date thereof Oct-25-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FATHER DICKSON CEM

18. (a) Signature of funeral director METROPOLITAN FUN HOME  
(b) Address 3228 DICKSON ST

19. (a) OCT 25 1939 (b) J.F. Greder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3322 Boll Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1939 hour 7:15 minute 4 M.

21. I hereby certify that I attended the deceased from 10-12, 1939, to 10-19, 1939  
and that death occurred on the date and hour stated above.  
that I last saw her alive on 10-19, 1939

Immediate cause of death \_\_\_\_\_  
Uterine Fibroid with Pelvic Infection  
Due to Marked secondary Anemia  
Non Malignant  
Due to \_\_\_\_\_

Other conditions Prob. Septicemia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 548  
Of autopsy \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. Martin (M. D. or other) \_\_\_\_\_  
Address 2401 W. Whittier St. Date signed 10-20-1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING  
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 Arthur L. Hollbeard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

**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.