

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(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 days)

3. (a) PRINT FULL NAME **Jeanie Clay** **400**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
(Day) (Year)

7. Birth date of deceased **July 25 1918**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 9 24 hr. min.

9. Birthplace **Starksville Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Jeanie Clay**
13. Birthplace **Starksville Miss**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Lee Outlaw**
15. Birthplace **Starksville Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Clay**
(b) Address **4139 Finney Ave.**
17. (a) **BURIAL** (b) Date thereof **5 29 40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Marvin Wade**
(b) Address **4707 Finney Ave.**
19. (a) **MAY 23 1940** (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. **4139 FINNEY**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1940** hour **6:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 27**, 1940, to **May 19**, 1940;
that I last saw him alive on **May 19**, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculous meningitis** Duration _____
Tuberculous peritonitis
Tuberculous pericarditis
Miliary Tuberculosis
Due to **Involving lungs**
Due to _____

Other conditions **23.**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **as above**
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) (e) Means of injury _____
23. Signature **Howard R. Bierman M.D.** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed _____

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2969 Ch...

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.