DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17090

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4568

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.

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PEOPLES HOSPITAL 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community 3 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2917 SHERIDAN AVE. (If rural, give location)

(e) If foreign born, how long in U. S. A.? X X years

3. (a) PRINT FULL NAME WILLIAM S. CLAY 400

3. (b) If veteran, name war X X

3. (c) Social Security No. X X

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced X X

6. (b) Name of husband or wife X X

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased APRIL (Month) 12 (Day) 1937 (Year)

8. AGE: Years 3 | Months 1 | Days 8 | If less than one day hr. X X min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business X X

MOTHER FATHER

12. Name WILLIAM CLAY

13. Birthplace ST. CHARLES (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name CORINE BROOKS

15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant's own signature Corinne Clay.

(b) Address 2917 Sheridan Ave.

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 5/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director Elmer E. Fetts

(b) Address 3030 Bell Ave. 44

19. (a) MAY 23 1940 (Date received local registrar) (b) J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 20th day 1940 year hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Right Leg crushed and mangled, Amputation of thigh, shock and hemorrhage

Due to Wheel run over by Wabash freight train 2 Managed by

Due to Herman Ryckhley Engineer and Zebedee Taylor Fireman

Other conditions (Include pregnancy within 3 months of death) Wabash R.R. tracks about

Major findings: Of operations 2:05 P.M. May 20 1940

Of autopsy

Duration

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) Accident

(b) Date of occurrence May 20 1940

(c) Where did injury occur? St Louis Mo (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 train

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 5.23.40

(Licensed Embalmer's Statement on Reverse Side)

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 me Chas. Gaines, Registered Apprentice No. 2349 working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.