

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29599  
Registrar's No. 1654

Registration District No. 784

Primary Registration District No. J00

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Elmwood  
(c) Name of hospital or institution: 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 days

3. (a) PRINT FULL NAME George Clayborne 416  
(b) If veteran, name war no. (c) Social Security No. no.  
4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie Clayborne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 8, 1864.  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ferguson Mo. (City, town, or county) (State or foreign country) 0  
10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
FATHER { 12. Name James Clayborne 0  
13. Birthplace Rolls County Mo. (City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Mary Erie  
15. Birthplace Rolls County Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature Mary Walton  
(b) Address 3226 Magenzine  
17. (a) Burial (b) Date thereof Sept 1/40.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.  
18. (a) Signature of funeral director Wright, s Funeral Home.  
(b) Address 5100 Easton Ave.  
19. (a) AUG 30 1940 (b) DR. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Elmwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. Elmwood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 28  
year 1940 hour 4 Day minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 8-26-1940  
1940, 19 \_\_\_\_\_ to 8-28-1940  
that I last saw him alive on 4/28, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
4 remia.  
Due to Chronic Interstitial  
Nephritis  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations 131  
Of autopsy no  
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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 3228 W. Jefferson Date signed 8/29/40

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.....  
William C. McDowell, Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell  
Licensed Embalmer No. 2114  
P. O. Address.....

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

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