

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33598**
8295
Registrar's No.

NOV 16 1940
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **3139 A Rutger Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 5 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Walter Clay**

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

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Clay** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Not known** (Day) (Year)

8. AGE: Years **About 55** Months Days If less than one day hr. min.

9. Birthplace **Prescott Ark.** (City, town, or county) (State or foreign country)

10. Usual occupation **Contractor for self**

11. Industry or business **Robert Clay**

MOTHER FATHER { 12. Name 13. Birthplace **Ark.** (City, town, or county) (State or foreign country)

14. Maiden name **Marnice Orange** (City, town, or county) (State or foreign country)

15. Birthplace **Ark.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Emma Clay**

(b) Address **3139 A Rutger Street**

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Prescott, Ark.**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 LUCAS AVE.**

19. (a) **OCT 5 1940** (Date received local registrar) (b) **J. B. Bredbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis, Mo.** (b) County **18**
(c) City or town **3139A Rutger Street**
(If outside city or town limits, write "RURAL")
(d) Street No. **3139A Rutger Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**
year **1940** hour **1:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **SEPT. 29** 19**40** to **OCT. 2** 19**40**
that I last saw him alive on **OCT. 1** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **DIABETES MELLITUS** Duration **5 mos.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

23. Signature **W. H. G. Clark** (M. D. or other) _____

Address **2748 1/2 Franklin** Date signed **10-5-40**

1790

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

Budie Beal Anderson
2929

Licensed Embalmer No.....

P. O. Address.....

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.