

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34104

State File No.

8801

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Louis, Missouri
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2836 N. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil
(Specify whether
In this community 58 Years
years, months or days)

3. (a) PRINT FULL NAME Florence Mable Clay

3. (b) If veteran, name was Nil 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Clay 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Aug. 1, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 22 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Louis Herbster

13. Birthplace Milwaukee, Wis.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Diebel

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Lally

(b) Address 4330 McPherson

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cem.

18. (a) Signature of funeral director Freidens Cem.

(b) Address 3734 N. 20th

19. (a) OCT 25 1940 (b) J. F. Braddock
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 10
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2836 N. Grand Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1940 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 20, 1940 to Oct. 23, 1940
that I last saw her alive on Oct. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration 7-1-40
Carcinoma of Breast 7-1-39

Due to NO
Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations NO
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) NO
(b) Date of occurrence NO
(c) Where did injury occur? (City or town) (County) (State) NO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

While at work? (Specify type of place) (e) Means of injury NO

23. Signature RE Dymms (M. D. or other) NO
Address 3802 N. Grand Date signed 10-25-40

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 _____

Licensed Embalmer No. _____

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.