

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37461
9734

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2886
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT
FULLNAME

Baby Clay

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

3. (c) Social Security
No.

4. Sex IF 5. Color or C
race C
6. (a) Single, widowed, married,
divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased Oct 30 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. 20 min.

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

10. Usual occupation UNIT

11. Industry or business.....

12. Name Henry Clay

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

14. Maiden name Madeline Gordon

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

16. (a) Informant Rosemary A. Spitzer

(b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof 11/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Mrs. Hamilton

(b) Address City Health Dept

19. (a) NOV 27 1940 (b) [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4262 St Ferdinand
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1940 hour 10:55 minute..... A.M.

21. I hereby certify that I attended the deceased from
Oct 30, 1940, to Oct 30, 1940;
that I last saw her alive on Oct 30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Newborn (Premature)
Atelectasis

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy As above

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?

(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature G.E. Peace (M. D. or other)

Address 2601 N Whittier Date signed 11-7-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

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, fact should be so stated above.