

FILED OCT 28 1942
 Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
1204 Kraft /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis 04
(If outside city or town limits, write "RURAL")
 (d) Street No. 1204 Kraft
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EUGENE G. CLAY
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 12
 year 1942 hour 11 minute 00P.M.

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife MaG Clay
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: January 31, 1970
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/2/42
 _____, 19____, to _____, 19____
 that I last saw him alive on 10/8, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 8 Days 11
 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Atherosclerosis
 Duration 10 days
 Due to Myocarditis 3 years
 Due to _____

9. Birthplace: Waco, Texas /
(City, town, or county) (State or foreign country)

Other conditions: 92
(Include pregnancy within 3 months of death)

10. Usual occupation Chief Engineer
 11. Industry or business Falstaff Brewing Corp.

Major findings: 92
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name William Clay
 13. Birthplace Georgia /
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Georgia /
(City, town, or county) (State or foreign country)

16. (a) Informant MaG Clay
 (b) Address 1204 Kraft

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) burial (b) Date thereof Oct. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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)

(c) Place: burial or cremation Valhalla Cemetery
 18. (a) Signature of funeral director HARRIGAN-SHEAHAN
 (b) Address 4415 Washington Blvd.

While at work? _____ (e) Means of injury _____

19. (a) OCT 14 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Budick (M. D. or other) M.D.
 Address 1139 Bellemeade Date signed 10/14/42

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 *Homer W. Fritz*
Licensed Embalmer No. *3882*

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.