

FILED MAR 27 1944  
Registration District No. 618

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 2466

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katie Clay

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Oct 25 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Hunter  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Clay

(b) Address 4115 McPherson Ave.

17. (a) Burial (b) Date thereof 4-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell

(b) Address 1714 N. Taylor Ave.

19. (a) MAR 14 1944 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4115 McPherson  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12,  
year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 2, 1944 to March 12, 1944;  
that I last saw her alive on March 12, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension

Duration Unk.

Due to \_\_\_\_\_

Due to 102

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Alva Mason (M. D. or other)  
Address 3607 Webster Date signed 3/2/44

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.....

*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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**