

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22894
State File No. _____
Registrar's No. **6846**

Registration District No. _____ Primary Registration District 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:
1010a North Newstead Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **40yrs**
years, months or days

3. (a) **PRINT Julian Vincent Clay**
FULL NAME
3. (b) If veteran, name war **#1 world War**
3. (c) Social Security No. **491-16-4188**

4. Sex **male** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Bertha**
6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **June 6th 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	1	25	hr. _____ min.

9. Birthplace **St. Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Packer Medical Depot**

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Clay**
13. Birthplace **Jonesborough Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Georgia B. Lewis**
15. Birthplace **St. Charles Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha B. Clay**
(b) Address **1010a N. Newstead Ave**

17. (a) **Burial** (b) Date thereof **8-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cemetery Jaffar**
J.H. Randle & Son

18. (a) Signature of funeral director **J.H. Randle & Son**
(b) Address **3133 Bell Avenue**

19. (a) **AUG 5 1944** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1010a North Newstead Avenue**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** Day **31** Year **1944**
hour **6:00** minute **AM**

21. I hereby certify that I attended the deceased from **Dec 13 1943** to **July 31 1944**
that I last saw him alive on **July 31 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **myocarditis**

Due to **Carcinoma of Esophagus**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **H6**
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)
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 _____
Signature **William M. Munn** (M. D. or other)
Address **3507 Fairview Ave** Date signed **8-1-44**

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

J. F. Braddock

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.....

S. J. Watson

Licensed Embalmer No. *269 A*

P. O. Address. *2769 Chautauq*

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.