

V. S. No. 2  
FORM-5-43  
7-3-73  
1 X36671

38480

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 10147

FILED DEC 9 1946 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 909 S. 14th Street  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 909 - S 14th Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 34 yrs. (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME James Edward Clay  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-18-1178

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Ethel Clay 6. (c) Age of husband or wife Dead years  
 7. Birth date of deceased 1 22 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 22 hr. min.

9. Birthplace Union County K.Y.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Porter

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

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Williams

(b) Address 909 S. 14th Street

17. (a) Buried (b) Date thereof 11-27-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gus Lowe Washington Park Cemetery  
 (Specify type of place)

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) NOV 27 1946 (b) J. F. Bredeek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 909 S. 14th Street (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22nd  
 year 1946 hour 8: P.M. minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 10  
 \_\_\_\_\_, 1946 to Nov 21, 1946  
 that I last saw him alive on 21, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Leaenome of St. Annus ?

Due to metastasis to lung 1 month

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

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

Major findings: 55

Of operations \_\_\_\_\_

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

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 factory industrial place, in public place?  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. G. Moore (M. D. or other) \_\_\_\_\_

Address 917 - 5018 Date signed 11-20-46

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 *Arthur L. Heilman*

Licensed Embalmer No. *40228*

P. O. Address *1654 Boyard ave*

**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.**