

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38482**  
**10184**  
Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3225 LASALLE ST**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **30 YRS.** (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME **ZEPHYR CLAY**  
3. (b) If veteran name war **No.** 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 **(RA) MOND**  
6. (c) Age of husband or wife if alive **41** years  
7. Birth date of deceased **24 1900**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **3** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **WASHINGTON MO.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **HOUSE WORK**

11. Industry or business \_\_\_\_\_  
12. Name **SAM ABBINGTON**  
13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **DOLLY SPEARS**  
15. Birthplace **MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Clay**  
(b) Address **3225 Lasalle St**  
17. (a) **Burial** (b) Date thereof **12-2-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. J. Brennan**  
(b) Address **3103 Washington**  
19. (a) **NOV 29 1946** (Date of local registrar)  
**J. J. Brennan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **ST LOUIS**  
(c) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3225 LASALLE**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov** day **27**  
year **1946** hour **5** minute **15**  
21. I hereby certify that I attended the deceased from **3/15 1946** to **11/27 46**  
that I last saw her alive on **11/26 46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of face**  
**base upper jaw**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **M**  
Of autopsy **M**

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 **E. J. Miller** (M. D. or other)  
Address **3225 Lasalle St** (Where signed)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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: *St. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4535 Aldine*

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.