

FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20750

20750

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5369

5369

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: Masonic Home of Missouri 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 yrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Albert J. Clay

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex 0 m 5. Color or race w 6. (a) Single, widowed, married, divorced w 2
 6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased Dec. 28, 1861
 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 14 If less than one day hr. min.

9. Birthplace St. Francois County, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Merchant11. Industry or business Wm. S. Clay

12. Name Wm. S. Clay
 13. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. McHenry
 15. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar Blvd. St. Louis
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JUN 13 1948 (Date received local registrar) (b) J. F. Bieleck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12 5351 Delmar Blvd. St. Louis 9
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1948 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from January
11, 1941 to June 12, 1948
 that I last saw him alive on June 12, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 3 days
Hypertension 4 yrs.

Due to 92
 Due to

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

Major findings: Of operations 92
 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 John Hirsch (M. D. or other)
 Address 508 N. Main St. Date signed

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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Henry M. Brammer

..... Licensed Embalmer No. *4200*.....

..... P. O. Address *St. Louis*.....

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.