

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24177
Registrar's No. 6620

FILED AUG 6 1948

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town **Homer St Louis**
(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 **30 hrs**
In this community **26 yrs**
years, months or days (Specify whether)

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. **3930 Garfield Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.

3: (a) PRINT FULL NAME **Willie Clayton**
3. (b) If veteran, name war
3. (c) Social Security No. **489-10-5673**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **23**
year **1948** hour **10** minute **20** P. M.
21. I hereby certify that I attended the deceased from
July 22, 48 to **July 23, 1948**
that I last saw him alive on **July 23, 1948**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dora Clayton**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **March 7th, 1902**
(Month) (Day) (Year)

Immediate cause of death
Aorta - Aneurysm, Innominate Arterunk Lungs & Congestion
Duration **Unk**

8. AGE: Years Months Days If less than one day
46 **4** **16** hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **Same as above**

9. Birthplace **Meridin Mississippi**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**
Public Service Company

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.

MOTHER FATHER
11. Industry or business
12. Name **Ollie Clayton**
13. Birthplace **Meridin Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Maggie McReed**
15. Birthplace **Meridin Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora Clayton**
(b) Address **3930 Garfield Avenue**
17. (a) **Burial** (b) Date thereof **7/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**
18. (a) Signature of funeral director **J. T. Meneck**
(b) Address **3615-17 Easton Ave**
19. (a) **JUL 27 1948** (Date received local registrar)
J. T. Meneck (Registrar's signature)

23. Signature **A. J. Daniels** (M. D.)
Address **2601 N Whittier St** Date signed **7-26-48**

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

Leroy W. Bannister

Licensed Embalmer No.

4523

P. O. Address.....

3880 Easton

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.