

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH
State File No. **24987**Registrar's No. **1812**Registration District No. **377**Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Jefferson Barracks, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Days** (Specify whether
 years, months or days) **2 Days**

3. (a) PRINT FULL NAME **CLAY, Caleb**

3. (b) If veteran, name war **WW-1** 3. (c) Social Security No. **482 16 1394**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Estella** 6. (c) Age of husband or wife if alive **46** years
 7. Birth date of deceased **January 19 1901**
 (Month) (Day) (Year)

8. AGE: Years **47** Months **6** Days **3** If less than one day hr. min.

9. Birthplace **Memphis, Tennessee** 1
 (City, town, & county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Caleb Clay,** 1
 13. Birthplace **Memphis, Tennessee** 1
 (City, town, & county) (State or foreign country)
 14. Maiden name **Anna Stacey,**
 15. Birthplace **Memphis, Tennessee** 1
 (City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**
 (b) Address **Woodson Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **7/28/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Nat'l Cem. Jeff. Brks. Mo.**

18. (a) Signature of funeral director **Gates Fu. Home**
 (b) Address **4107 Finney Ave. St. Louis, Mo.**

19. (a) **7-23-48** (b) **Carl A. [Signature]**
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
 (d) Street No. **1615a Franklin Ave.,** (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
 year **1948** hour **4:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 20,** 19**48** to **July 22,** 19**48**;
 that I last saw h. **in** alive on **July 22,** 19**48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **SEPTICEMIA (Organism to be identified by culture)** Duration
INFECTION OF THIGH

~~DEGC~~ Contributory cause:
LUNG ABSCESSSES AND PROSTATIC ABSCESSSES

Other conditions (Include pregnancy within 3 months of death) **137 B**

Major findings: **7/21/48 Incision & drainage, abscess, right thigh** PHYSICIAN
 Of operations **Autopsy performed** Underline the cause to which death should be charged statistically.
 Of autopsy **(See cause of death)**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
 (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) (c) Means of injury

23. Signature **L. E. Stilwell** O. J. JOCK
L. E. Stilwell
 Address **VAH, Jeff. Brks. Mo.** Date signed **7/22/48**

JUN 20 1960

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.....

John K. Cunningham

Registered Apprentice No.

working under my personal supervision.

Signed

John K. Cunningham

Licensed Embalmer No. 476

P. O. Address.....

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.