

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30914

FILED OCT 9 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8515

1. PLACE OF DEATH
(a) County St. Louis Mo
(b) City or town
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME John Clayton
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male
5. Color White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 41 Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Anatomical Board (b) Date thereof SEP 30 1948 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director or mortuary service

(b) Address

19. (a) SEP 30 1948 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town
(d) Street No. 112 No. 6 St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: 10/2/48 Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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) Means of injury
Signature (M. D. or other)
Address Date signed

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 Ralph W. Henson
Licensed Embalmer No. 3791
P. O. Address St. Louis, Mo

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.