No. 2
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17-39
X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31625

State File No. 2040

Registration District No. 517

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carson & Waring /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~Mo~~ St Louis

(c) City or town Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Carson & Waring
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles C Clay

3. (b) If veteran, name war ____

3. (c) Social Security No. 487-14-3499

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced M- /

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 1 (Day) 1885 (Year)

8. AGE: Years 63 Months 6 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Labover

11. Industry or business Construction

FATHER
12. Name Clem Clay
13. Birthplace Unknown (City, town, or county) U.S.A. / (State or foreign country)

MOTHER
14. Maiden name Fannie
15. Birthplace ____ (City, town, or county) USA. / (State or foreign country)

16. (a) Informant Martha Clay
(b) Address Kinloch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address Kinloch, Mo

19. (a) 9-2-48 (Date received local registrar) (b) Basil G Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1948 hour 7:30 minute ____ M.

21. I hereby certify that I attended the deceased from 6-7-, 1948, to ____, 19__;
that I last saw him alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial - Pneumonia	10 day
Due to Chr Nephritis	1938
Due to Chr myocarditis	1940
Other conditions (Include pregnancy within 3 months of death) 131 b	

Major findings:
Of operations none
Of autopsy none

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? ____ (Specify type of place)
While at work? ✓ (e) Means of injury ____

23. Signature Ray Johnson (M. D. or other)
Address Johnson Mo Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

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. Edward A Flynn

Licensed Embalmer No. 4444

P.O. Address 45489 Pad

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.

RG: 5550