

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10000
4208

FILED MAY 12 1951

BIRTH NO. _____ REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	<u>2119</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HomerrG Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3937 Page</u>	<u>8</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) c. (Last) <u>Clayton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1951</u>
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5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 3, 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. MONTHS <u>6</u>	11. DAYS <u>28</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Robinson ville, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Henry Pulliam</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Clayton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Clayton</u>	ADDRESS <u>3937 Page</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>

22. I hereby certify that I attended the deceased from 4-29, 1951, to 5-1, 1951, that I last saw the deceased alive on 5-1, 1951, and that death occurred at 7:50p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Laruz W. K. ...</u>	(Degree or title) <u>M. D. O.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>5-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 4 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>1221 N. Grand</u>
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

[Handwritten Signature]

Signed
Student Embalmer

Licensed Embalmer No. 7755

P. O. Address. 1221 N York

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.