

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17924

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4581**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2219	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1117 N 18th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER E. PHILIP HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) E. c. (Last) CLAYTON		4. DATE OF DEATH (Month) (Day) (Year) 5-11-51	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov-9-1921
9. AGE (In years last birthday) 29 IF UNDER 1 YEAR Months 6 Days 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County Miss	
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Joseph Clayton		13b. MOTHER'S MAIDEN NAME Effie Hicks		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-36-5035		17. INFORMANT'S SIGNATURE OR NAME Effie Clayton	
				17. ADDRESS 1117 N 18th St	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis following stab wound of Aorta suffered when stabbed with knife in the back of an Edw. Clayton (col), brother of deceased, in front of about 2809 Cole Street, around 9:00 pm May 11, 1951.		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Stab wound			
		DUE TO (c) stab wound			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, OR HOMICIDE Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 11 51 9:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E982X	

22. I hereby certify that I attended the deceased from **1951**, to **5-11-1951**, that I last saw the deceased alive on **19**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patricia Taylor Carner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-15-51	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 5-18-51		24c. NAME OF CEMETERY OR CREMATORY OAK Dale Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County	
DATE REC'D BY LOCAL REG. MAY 18 1951		REGISTRAR'S SIGNATURE J. B. Casner		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS SUSSLOWE 2930 dicker			

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 _____

William D. Lowe

Student Embalmer No. *399*

working under my personal supervision.

Student *William D. Lowe*
Student Embalmer

Signed *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address. *3880 Epsom Ave*

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.