

No. 300
10. 48

FILED DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40080

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3820

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) YRS		69	
d. FULL NAME OF HOSPITAL OR INSTITUTION 425 N. Kirkwood Rd.		7d. STREET ADDRESS (If rural, give location) 425 N. Kirkwood Rd.	

3. NAME OF DECEASED (Type or Print) LILLIE			a. (First) G.			b. (Middle) CLAYTON			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Sept. 14, 1861			9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months 2		11. IF UNDER 1 YEAR Days 11		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Housewife				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Dr. Burkett H. Sale			13b. MOTHER'S MAIDEN NAME Sarah Van Dover			14. NAME OF HUSBAND OR WIFE (dec'd) Rev. John B. Clayton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances C. Stoecker, Groves, Mo.		

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) Broncho pneumonia										INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure											
		DUE TO (c) Arteriosclerotic heart disease											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 10:35		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							

22. I hereby certify that I attended the deceased from 1935, to Nov 25, 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Anderson			23b. ADDRESS Webster Groves			23c. DATE SIGNED 11-29-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/28/51		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		

DATE REC'D BY LOCAL REG. 11-27-51		REGISTRAR'S SIGNATURE Herbert A. Tomke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Gopp, Inc. Kirkwood, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Felix Duand

Licensed Embalmer No. 3034

P. O. Address Northwood 22 N

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.