

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6297**
Registrar's No. **1417**

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6297		Registrar's No. 1417	
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 town) ST. LOUIS			c. LENGTH OF STAY (In this place) 7 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2913^A MADISON					d. STREET ADDRESS (If rural, give location) 20 2913^A MADISON				

3. NAME OF DECEASED a. (First) DINAH		b. (Middle) _____		c. (Last) CLAY		4. DATE OF DEATH (Month) (Day) (Year) 2 12 52		
5. SEX 3 FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAR. 23, 1902		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) LA GRANGE ALA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN WALLACE		13b. MOTHER'S MAIDEN NAME LIDIA ANN JONES		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME MATTIE BARDWELL ADDRESS 2913^A MADISON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia 5 days				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____	
		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"/>	
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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H90X	
22. I hereby certify that I attended the deceased from 17 Feb, 1952 , to 17 Feb, 1952 , that I last saw the deceased alive on 17 Feb, 1952 , and that death occurred at 420th St. , from the causes and on the date stated above.						

23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS 27 1/2 Franklin St.		23c. DATE SIGNED 13 Feb	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 52-16-52		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY MEMPHIS TENN.	

DATE REC'D BY LOCAL REG. FEB 14 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE MORETTI'S FUNERAL HOME ADDRESS 4181 WASHINGTON	
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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.....

Ester T. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *4458*

P. O. Address *4181 Washington*

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.