

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21847**
Registrar's No. **5954**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			d. STREET ADDRESS (If rural, give location) 3549 Laclede 21		
3. NAME OF DECEASED (Type or Print) a. (First) Mr. George		b. (Middle) _____		c. (Last) Claire	
4. DATE OF DEATH (Month) (Day) (Year) 6 21 52		5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 7		8. DATE OF BIRTH SEPT. 2, 1894		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Grand & Market Tavern		11. BIRTHPLACE (City and State or Foreign Country) St. Charles Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Claire		13b. MOTHER'S MAIDEN NAME Mary Lucas	
14. NAME OF HUSBAND OR WIFE Sarah Claire		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I	
17. INFORMANT'S SIGNATURE OR NAME Walter Claire		ADDRESS 3536 R. Clark		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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			
DUE TO (b) Subdural Hemorrhage		DUE TO (c) Time, place, cause and manner of same could not be determined			
11. OTHER SIGNIFICANT CONDITIONS		19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION open Verdict		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:0 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Patrick L. Taylor Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.23.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 6-27-52		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo		DATE REC'D BY LOCAL REG. JUN 25 1952		REGISTRAR'S SIGNATURE Carl ...	
25. FUNERAL DIRECTOR'S SIGNATURE W. B. Roone		ADDRESS 1221 N. Grand			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4785

P. O. Address 1221 N Grand

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.