

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30284

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2162

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 7220 Albright Ave. Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7220 Albright Ave.		d. STREET ADDRESS (If rural, give location) 7220 ALBRIGHT AVE.	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Albert	
c. (Last) Clayton		4. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17 1877
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) Bertrand MO.
10b. KIND OF BUSINESS OR INDUSTRY FARMING		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Maude		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 Helen Grebe 7220 Albright	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm Abd. Aorta		INTERVAL BETWEEN ONSET AND DEATH Immed	
*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	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ARTERIOSCLEROSIS GENERALIZED 10 YRS+	
DUE TO (c) 451X		10 YRS+	
II. OTHER SIGNIFICANT CONDITIONS		10 YRS+	
Conditions contributing to the death but not related to the disease or condition causing death.		DIVER TICULOSIS OF COLON RECURRENT INGUINAL HERNIA Bilat. 10 YRS	
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?	
22. I hereby certify that I attended the deceased from 12-11-51, 19___, to 8-16-52, 19___, that I last saw the deceased alive on 8-16-52, 19___, and that death occurred at 3:20 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John H. Kennedy M.D. CM		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 8-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE UNKNOW	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Charleston Mo.
DATE REC'D BY LOCAL REG. 8-16-52	REGISTRAR'S SIGNATURE Herbert R. Donker MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC.	

S.W. (Licensed Embalmer's Statement on Reverse Side)

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

*Dr John Kennedy
Bureau of Health, Kansas*

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 *A. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.