

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37188**

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2812**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kinloch		c. CITY (If outside corporate limits, write RURAL and give township) Kinloch	
c. LENGTH OF STAY (In this place) 23 yrs.		d. STREET ADDRESS (If rural, give location) 618 Carson Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 618 Carson Road		e. STREET ADDRESS 618 Carson Road	

3. NAME OF DECEASED (Type or Print) a. (First) P O M P E Y b. (Middle) P E T E R c. (Last) C L A Y			4. DATE OF DEATH (Month) (Day) (Year) Oct 29, 1952		
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 21 July 1876		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Florissant, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Peter Clay		13b. MOTHER'S MAIDEN NAME Martha unknown		14. NAME OF HUSBAND OR WIFE Mary Clay	
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 ADDRESS Mary Clay, 618 Carson Rd, Kinloch	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma Prostate		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 5-23-52	
*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. Metastasis in liver		6-1-52	
		DUE TO (b) 177X			
		DUE TO (c) None			
		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?	

22. I hereby certify that I attended the deceased from **8/3/1950**, to **10-29-1952**, that I last saw the deceased alive on **10-29-1952**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm Johnson MD		23b. ADDRESS Ferguson MO		23c. DATE SIGNED 11/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 Nov 52		24c. NAME OF CEMETERY OR CREMATORY Washington Park C	
		24d. LOCATION (City, town, or county) (State) Berkeley, Missouri			

DATE REC'D BY LOCAL REG. 11-1-52		REGISTRAR'S SIGNATURE Herbert R. Damba MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo.	
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524 Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1957

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 Edward A. Lyman

Licensed Embalmer No. 4444

P. O. Address St. Louis 13, Mo.

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.