S. No. 300
V. 10-48

XC 16 215 983
R.# 106 572

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41088

BIRTH NO. FILED DEC 12 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 2971

4000

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location) 2500 NORTH SARAH

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) W.
c. (Last) CLAYTON

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 18, 1952

5. SEX MALE 2
6. COLOR OR RACE COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 4-18-01
9. AGE (In years last birthday) 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER
10b. KIND OF BUSINESS OR INDUSTRY PULLMAN COMPANY
11. BIRTHPLACE (City and State or Foreign Country) MERIDIAN, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD CLAYTON
13b. MOTHER'S MAIDEN NAME SARA MOSLEY
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF.BKS, MO. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 11-15-52, 19__, *to* 11-18-52, 19__, *that I last saw the deceased* XXXXXXXXXXXXXXXXXXXX, *and that death occurred at* 3:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) EMMITT D. WALLL, M.D.
23b. ADDRESS VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED 11-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 24 Nov 52
24c. NAME OF CEMETERY OR CREMATORY U.S. National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks

DATE REC'D BY LOCAL REG. 11-20-52
REGISTRAR'S SIGNATURE Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros 3706b Finney, St. Louis, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 _____

X _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

X Student Embalmer

Licensed Embalmer No. 1444

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.