

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9940**
Registrar's No. **2410**

FILED MAR 19 1954

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 2159	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS, MO		c. LENGTH OF STAY (In this place) 4 Weeks	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) LEROY	b. (Middle) ALFRED	c. (Last) CLAYTON	(Month) (Day) (Year) 3/13/54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH October 11, 1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Industrial Eng. Corp.	9. AGE (In years last birthday) Months Days 28
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alfred Clayton		13b. MOTHER'S MAIDEN NAME Edna	
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. 489-22-4239		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Clayton, 4222 Oregon, St. Louis, Mo.	
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) PULMONARY INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
*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) RHEUMATIC HEART DISEASE DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		many years	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4013	
22. I hereby certify that I attended the deceased from 2/10/54 to 3/13/54 , that I last saw the deceased alive on 3/13 , 19 54 , and that death occurred at 7:25 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>John P. Davidson</i> (Degree or title) M.D.		23b. ADDRESS St. Louis 10, MO. 600 S. Kingshighway,	
23c. DATE SIGNED 3-14-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-17-1954		24c. NAME OF CEMETERY OR CREMATORY New Picker's	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>McLAUGHLIN</i> McLAUGHLIN FUNERAL HOME, INC. St. Louis 4, Mo.	
DATE REC'D BY LOCAL REG. MAR 16 1954		REGISTRAR'S SIGNATURE <i>W. J. Smith</i> mjs (Licensed Embalmer's Statement on Reverse Side)	

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.....
Signature of Student Embalmer

Signed *H. G. Harris*.....

Licensed Embalmer No. *338*

P. O. Address *2301 Lafayette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.