

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39298**

FILED NOV 29 1956

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **10285**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10285 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ | | | |
| b. CITY OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) 26 yrs | | c. CITY OR TOWN ST. LOUIS | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) D.O.A. HOMER G. PHILLIPS HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 30428 Easton Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GUY | | | b. (Middle) _____ | | | c. (Last) CLAYBROOK | |
| 4. DATE OF DEATH Nov. 7 1956 | | 5. SEX Male | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Nov. 27, 1893 | | 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months 11 Days 10 | | 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 Tavern | | 11. BIRTHPLACE (City and State or Foreign Country) Dyersburg, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Harry Claybrook | | 13b. MOTHER'S MAIDEN NAME Rose Tyler | | 14. NAME OF HUSBAND OR WIFE Katherine Claybrook | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. W. W. I | | 17. INFORMANT'S SIGNATURE OR NAME Katherine Claybrooks ADDRESS 3042 Easton Ave. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subdural Hemorrhage (Extensive); suffered fall at home on November 7th, 1956 during an epileptic seizure DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 353.3 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo | | | |
| 21d. TIME OF INJURY Nov 7 56 ? | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. Carl Smith | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 11/9/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE Nov. 12, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo. | |
| DATE REC'D BY LOCAL REG. NOV 10 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith - m d | | 25. FUNERAL DIRECTOR'S SIGNATURE J. H. RANDLE & SON | | ADDRESS 3133 Bell Ave. | |

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 *Esther K. Harris*.....

Licensed Embalmer No. *44*.....

P. O. Address *4181 W...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.