Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003699
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clayton — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis County — Length of stay in lb: 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Louis
c. CITY OR TOWN: Kinloch Missouri 4091 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 500 Lyons Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leila — Middle: — Last: Clayton

4. DATE OF DEATH: Month 2 Day 6 Year 59

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: April 19, 1885

9. AGE (In years last birthday): ~~[illegible]~~ .73 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Augusta Georgia 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stephen Gibson

13b. MOTHER'S MAIDEN NAME: Mary Wilkerson

14. NAME OF HUSBAND OR WIFE: Manuel Clayton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Annie White — Address: 4335 a Finney Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Leukemia ? lymphocytic — INTERVAL BETWEEN ONSET AND DEATH: 1/12/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): — 2/6/59
DUE TO (c): 2040

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterio-sclerotic Heart Disease, decompensated.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 8, 9 — 3-19-59 DFS CORRECTED
BY: 1. AFFIDAVIT OF Funeral Director
2. DOCUMENT St. Louis Agg. for Marriage License at 26 [illegible] 8-2-23

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-12-59, to 2-6-59 and last saw her/him alive on 2-6-59
Death occurred at 4:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Angelo A. Spero MD

22b. ADDRESS: 601 So. Brentwood

22c. DATE SIGNED: 2/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/11/59

23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Charles J. Gates 4107 Finney

25. DATE RECD. BY LOCAL REG.: 2-11-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....Guyton Swan.....

Licensed Embalmer No. 4580

P. O. Address 4107 Fannin

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.