URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

-60-008047

STATE FILE NUMBER

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2101

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | Length of stay in 1b

c. CITY OR TOWN Saint Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1251a Aubert | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MAUDE Middle: A. Last: CLAYTON

4. DATE OF DEATH Month: February Day: 19 Year: 1960

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: July 8 1889

9. AGE (last birthday): 70

IF UNDER 1 YEAR: Months 7 Days 11 | IF UNDER 24 HR: 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): Edwards, Miss.

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

13a. FATHER'S NAME: James Wilson

13b. MOTHER'S MAIDEN NAME: Virginia Duffy

14. NAME OF HUSBAND OR WIFE: Dave Clayton

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles Carter Address: 1251a Aubert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 331X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 1030A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 2/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/25/60

23c. NAME OF CEMETERY OR CREMATORY Washington Park

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

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. FEB 23 1960

26. REGISTRAR'S SIGNATURE Pearl Smith, M.D. L.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Grayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.