

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12965

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis Mo (d) Street No. ST. Louis Childrens Hospital St. Registered No. **3569**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Boy Hayden 350

(a) Residence, No. 2404 Pendleton St. **11** ST. LOUIS MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 ds.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS MO
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME William HAYDEN
 14. BIRTHPLACE (CITY OR TOWN) ABERDEEN
 (STATE OR COUNTRY) MISSISSIPPI

MOTHER 15. MAIDEN NAME Eanley Brown
 16. BIRTHPLACE (CITY OR TOWN) MAKANNA
 (STATE OR COUNTRY) ARKANSAS

17. INFORMANT D. Vest
 (ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE APR 16, 1938

19. FUNERAL DIRECTOR Clayton
 (ADDRESS) 1107 Fenwick

20. FILED J. B. Budeck
 (Address) Local Registrar

APR 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 1938

22. I HEREBY CERTIFY, That I attended deceased from April 14 1938 to April 15, 1938

I last saw h. (M.) alive on 4-15, 1938 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Intracranial Haemorrhage
from
Bath injury.

Date of onset

14/4/38

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) W. P. Kahan M. D.
 (Address) 500 S. Kings Highway
ST. LOUIS MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-37 1 X12004

STATEMENT BY LICENSED EMBALMER.

I, James A. Johnson, Licensed Embalmer No. 3522
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

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.)