

791 STANDARD CERTIFICATE OF DEATH

State File No. 28055

REG'D SEP 14 1939  
Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7555

1. PLACE OF DEATH:

(a) County St. Louis, Mo. 1  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution August 3, 1939.  
(Specify whether  
In this community 40 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis Co. 1  
(c) City or town St. Louis, Mo. 5  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5423 Maple Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Alfred Hay. 080

8. (b) If veteran, No. name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Philia Hay. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased unknown 1864.  
(Month) (Day) (Year)

|                 |        |      |                      |
|-----------------|--------|------|----------------------|
| 8. AGE: Years   | Months | Days | If less than one day |
| <u>75 (abt)</u> |        |      | hr. _____ min.       |

9. Birthplace IOWA.  
(City, town, or county) (State or foreign country)

10. Usual occupation No occupation 1

11. Industry or business \_\_\_\_\_ 9

12. Name Unknown. 9

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 8/31/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG 31 1939 (b) \_\_\_\_\_  
(Date received local registrar) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30,  
year 1939. hour 5:55 a. m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 3,  
1939. 19 \_\_\_\_\_ to August 30, 19 39  
that I last saw him alive on August 30, 19 39  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic myocarditis

Due to Bronchopneumonia

Due to Senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Myocardial degeneration, bronchopneumonia, embolus in artery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
or Means of injury \_\_\_\_\_

23. Signature E. J. Beeres (M. D. or other) \_\_\_\_\_

Address 5605 Arsenal Date signed 8/31/39

WHILE FULFILLING DUTY USE UNFADING BLACK INK—MAKE 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.

I X 19511

**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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *Henry Enoch*

Licensed Embalmer No. 1284

P. O. Address St. Louis Mo.

**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 this body is not embalmed, above space should be left blank.**