. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18983

State File No.

FILED JUN 15 1942

Registration District No. 184

Primary Registration District No. 2w

Registrar's No. 1773

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Baden Station, R.R.4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Halls Ferry Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Guy Elmer Hayes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Not mentioned

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased Oct. (Month) 8 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	7	230	hr. min.

9. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Orange Hayes
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Roy Hayes
(b) Address R.R.#4 Box 959 Baden Sta.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair, St. Louis, Mo

19. (a) JUN 9 - 1942 (Date received local registrar) (b) C. G. McGarran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 9:50 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound of head, self-inflicted.

Due to Gun shot wound punctured brain.

Due to

Other conditions
(Include pregnancy within 3 months of death) 164c

Major findings:
Of operations

Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 7, 1942

(c) Where did injury occur? St. Ferdinand Twp. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 6/8/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.