

S. No. 2
DM-8-43
v. 5-17-39
-1 X37823

#9461

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29409**
Registrar's No. **8515**

FILED OCT 13 1944 318

Registration District No. Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos.** (Specify whether
In this community **20 yrs.** years, months or days)

3. (a) PRINT FULL NAME **James Hayes**
3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. (D)**

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

7. Birth date of deceased **Dec. 24th., 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 11 hr. min.

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

10. Usual occupation **Concrete Worker**

11. Industry or business.....

MOTHER FATHER { 12. Name **Ignatius Hayes**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Healy**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Hayes**
(b) Address **4515 Evans Ave.**

17. (a) **Burial** (b) Date thereof **10-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **Robert W. Russell**
(b) Address **3840 Lindell Blvd.**

19. (a) **Oct 30 1944** (b) **J. B. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **601**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **412 N. 4th. Street** **25**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5th**
year **1944** hour **2:12** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **8/5/44**
....., 19....., to **Oct. 5th**, 19 **44**
that I last saw him alive on **Oct. 5th**, 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized arteriosclerosis**

Due to **53**
Due to.....

Other conditions **Ca of non-external**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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).....
(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)
(e) Means of injury.....

23. Signature **E. W. Cushman** (M. P. number) **10/5/44**
Address **1515 Lafayette** Date signed.....

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 W. Van Matre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

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.