

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10531

State File No.

2952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2952

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St Louis 225
OR TOWN _____ c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) St Louis 225
OR TOWN _____

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

d. STREET ADDRESS (If usual, give location) 1534 Market

3. NAME OF DECEASED
a. (First) Francis b. (Middle) Hayes c. (Last) Wells
(Type or Print)

4. DATE OF DEATH
(Month) (Day) (Year)
3-13-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jul 1883 9. AGE (In years - If under 1 year list months) 41.67
If under 1 year: Months _____ Days _____ If under 2 hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) Widow

10b. KIND OF BUSINESS OR INDUSTRY Widow

11. BIRTHPLACE (State or foreign country) W. Va

12. CITIZEN OF WHAT COUNTRY? 9

13a. FATHER'S NAME W. K.

13b. MOTHER'S MAIDEN NAME W. K.

14. NAME OF HUSBAND OR WIFE W. K.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, if unknown) (If yes, give name and dates of service) W. K.

16. SOCIAL SECURITY NO. W. K.

17. INFORMANT'S SIGNATURE OR NAME Frank E. Taylor ADDRESS 1300 Clark

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2. Arteriosclerosis
DUE TO (c) 3. Cardiac Hypertrophy
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis 225 St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2:10 PM to 5:10 PM, 1950, that I last saw the deceased alive on _____, 1950, and that death occurred at 5:10 PM m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 3/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE MAR 29 1950

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. MAR 29 1950 REGISTRAR'S SIGNATURE J. B. Lanter

25. FUNERAL HOME OR SERVICE INC. ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

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

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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 Student
of College of Mortuary Science..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W. Henson
Licensed Embalmer No. 3791
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.