

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11388

State File No.

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607C Registrar's No. 433

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> 4161	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>7007 Edison Av</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7007 Edison Av</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Hayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 25 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 6 WKS. Hours <u>21</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tile Setter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>Thomas Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Grossinheider</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Hayes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret Hayes 7007 Edison Av</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo - Carditis Endo. Carditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/10/51</u> <u>to 2/10/52</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Insufficiency - Coronary disease</u> DUE TO (c) <u>Angina pectoris - Dissecting Aneurysm</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Appendectomy yrs ago.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>No</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>St. Louis Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>1/10/51</u> , 19____, to <u>2/10/52</u> , 19____, that I last saw the deceased alive on <u>2/15/52</u> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE <u>Subert H. Danks</u> (Degree or title) _____	23b. ADDRESS <u>3734 Jennings Rd</u>	23c. DATE SIGNED <u>2/16/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		

DATE REC'D BY LOCAL REG. <u>2-18-52</u>	REGISTRAR'S SIGNATURE <u>Subert H. Danks M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodhart & Goodhart 2228 St. Louis, Av</u>
---	---	--

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 me

working under my personal supervision.

Student Embalmer No.

Signed

W. W. Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.