

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30952**  
**8552**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) (township) **D.O.A.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital** STREET ADDRESS (If rural, give location) **5887 Cabanne Avenue** *20590*

3. NAME OF DECEASED (Type or Print) a. (First) **Jean** b. (Middle) **Lelda** c. (Last) **Hayes** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 27 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorcee** 8. DATE OF BIRTH **August 5, 1915** 9. AGE (In years last birthday) **40** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Inspector** 10b. KIND OF BUSINESS OR INDUSTRY **Proctor & Gamble** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Gustave Opperman** 13b. MOTHER'S MAIDEN NAME **Louise Miller** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Miss Jean L. Hayes,** ADDRESS **5887 Cabanne Avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **INTERNAL HEMORRHAGE** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Internal Hemorrhage following a gunshot wound to the chest, suffered when shot with gun in hands of one Kenneth Riley, in home at 5887 Cabanne Ave. about 6:50 P.M. September 27, 1955.**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, which may rise to the above cause (a) stating the underlying cause last. \_\_\_\_\_  
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 (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 27 55 6:39 P** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E 981**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Jean L. Hayes** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9/30/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **October 1, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **SEP 30 1955** REGISTRAR'S SIGNATURE **J. Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hermann & Son, Inc.,** ADDRESS **2161 E. Fair Ave**

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Allen W. Vez*

Licensed Embalmer No. *373*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.