

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No. **25346**
 Township..... Primary Registration District No. **6003** Registrar No. **7152**
 City **St. Louis Mo** (No. **Edmondville City Hosp #1**) St. **1** Ward

2. FULL NAME

Emma Hayes
 (a) Residence No. **716 S. 16 St** St. **24** Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Archie Hayes**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Not known**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 39

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Domestic**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

10. NAME OF FATHER **Bryant St. Blain**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

12. MAIDEN NAME OF MOTHER **Effie Brandon**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

14. INFORMANT **Juanita Taylor**
 (Address) **1333 S. 22nd St**

15. FILED **28** **May 1928** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 28 19**

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at **6454** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **W.M.A.**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **J. W. Keenan** M.D.
 (Address) **Dep. Comm**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood** DATE OF BURIAL **July 28 19**

20. UNDERTAKER **A.L. Beal** ADDRESS **2726 Lucas**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

