

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

Do not use this space.

29049

**1. PLACE OF DEATH**

County..... Registration District No. 483  
 Township..... Primary Registration District No. 1003  
 City St. Louis. (No. Home For the Aged.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8267  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward Hayes.

(a) Residence. No. 3400 So. Grand Blvd. St. 16 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1853.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>75</u>	<u>11</u>	<u>22.</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ireland.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Hayes,

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

12. MAIDEN NAME OF MOTHER Josephine Schnydecker  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know.  
 (STATE OR COUNTRY)

14. INFORMANT Sister Michael  
 (Address) 3000 So. Grand Blvd.

15. FILED 19 May 2 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15 1929 to Aug 8 1929 that I last saw him alive on Aug 7 1929, 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis  
 (duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY Arterio Sclerosis  
 (SECONDARY) (duration) yrs. 1 mos. 8 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Dr. Garcia, M. D.

\*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 SS. Peter & Paul Cemetery DATE OF BURIAL Aug. 9, 1929.

20. UNDERTAKER R. N. Gebhart & Co. ADDRESS 2842 Meramec.

