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

Do not use this space.

28176

File No. 2289

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Alvin Hayes

(a) Residence, No. 1322 Cora St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Augusta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 1855

7. AGE: Years 78 Months 7 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lacede Gas Co.

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Ill.

FATHER

13. NAME: ? Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Hosp City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 26 1933

19. UNDERTAKER (ADDRESS): Cullen & Kelly 1414 N Taylor Ave

20. FILED AUG 24 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1933, to 8-23, 1933

I last saw h. alive on 8-23, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8/19
Other contributory causes of importance: Bronchial Pneumonia	
Chronic Nephritis	8/18
Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Ashland, M. D.

(Address) City Hosp.

SEP 26 1933

2

31

31

Check carefully in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.