WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 16 1934

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. 791 File No. 27460

Township ..... Primary Registration District No. 1003 Registered No. 7705

City St. Louis (No. 2517 N. Spring ave. St. ..... Ward)

2. FULL NAME Mary Hayes

(a) Residence, No. 2517 N. Spring Av. St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	4	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

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

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME John Cody

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

MOTHER

15. MAIDEN NAME Elizabeth Powers

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

17. INFORMANT (ADDRESS) Elizabeth Hayes 2517 N. Grand Bl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE July 28, 1934

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand Bl.

20. FILED [illegible], 19 J. J. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to 7/26, 1934

I last saw her alive on 7-26, 1934. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

	Date of onset
131 Chronic Nephritis	Oct 1/33
Other contributory causes of importance: Chronic Myocarditis	Oct 1/33

Name of operation None Date of X

What test confirmed diagnosis? Usual findings Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dr William T Hirschi, M. D.

(Address) 3500 N Grand

Hirschi
3500 [illegible]