

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

Do not use this space.

14204

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City Valhalla Cemetery (No. Valhalla Cemetery St.                      Ward                     )

File No.                       
 Registered No. 96

2. FULL NAME Gedgde Lester Hays  
 (a) Residence, No. 5851 Plymouth Ave. St.                      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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mozelle Hays  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th, 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
31 10 4

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Aviator  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
 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) Austin, Texas

FATHER  
 13. NAME William H. Hays

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

MOTHER  
 15. MAIDEN NAME Mary Hamilton

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

17. INFORMANT (ADDRESS) Haverly Hays  
5851 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE April 17, 1935

19. UNDERTAKER (ADDRESS) Drehmann Danal  
1905 Union Blvd.

20. FILED 4-16-35 1935 W. B. Boehmer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Felo-De-Ce. Self destruction Date of onset                       
left note to wife and mother,  
went out to Valhalla Cemetery,  
and shot self thru right temporal  
bullet taking exit in left

Other contributory causes of importance:  
temporal. Was found several hours  
afterward by some of the employees  
Secondary: Masceration of brain.

Name of operation                      Date of                       
 What test confirmed diagnosis? Coroner's view Was there an autopsy? NO

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) J. B. Johnson 4/16/35 M. D.  
3718 Jennings Rd.  
                    

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.

WRITE PLAINLY, WITH OMITTING UNNECESSARY DETAILS

Multiple-fracture of skull on both  
entrance and exit. Hemorrhage and shock.

JAN 2 1943

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