

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.

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis mo.* (No.)

Registration District No. **791**
Primary Registration District No. **1003**
St. *Mary's Infirmary*

File No. **24259**
Registered No. **5871**
St. Ward

2. FULL NAME

(a) Residence, No. *Floyd Hayer*
(Usual place of abode) *825 N. 20th St.* *21* ~~ward~~

(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 *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 26 - 36*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *8*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
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) *St. Louis Missouri*

MOTHER 13. NAME *James Hayer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Point Mississippi*

15. MAIDEN NAME *Orellia Murray*

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

17. INFORMANT *Orellia Murray Hays*
(ADDRESS) *825 N. 20th Street*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *6-9-36*

19. UNDERTAKER (ADDRESS) *J. J. Bremer 2039 Wash St.*

20. FILED **JUN 6 1936** *J. H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June - 4 - 1936*

22. I HEREBY CERTIFY That I attended deceased from *May - 26 - 1936* to *June - 4 - 1936*
I last saw him alive on *June - 4 - 1936*. Death is said to have occurred on the date stated above, at *3:20 P. M.*
The principal cause of death and related causes of importance were as follows:

Unknown Date of onset *6.7.36*
Diarrhea
Cause unknown

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 *Eric S. Danziger*, M. D.
(Address) *St. Mary's Infirmary 11-36 Grand St.*

