

NOV 23 1937

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

38863  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160  
 (b) Township Clayton Primary Registration District No. 4470 Registered No. 104  
 (c) City Clayton, Mo. (d) Street No. 907 N. 63rd. St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Hayes

(a) Residence, No. 907 N. 63rd. St. St.  University City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Thomas Hayes  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 I 9  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as 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) Ireland

FATHER 13. NAME ? Gilligan

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

MOTHER 15. MAIDEN NAME Mary ?

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

17. INFORMANT (ADDRESS) Mrs. Julia Kane  
910 N. 64th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 20/37

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark,  
1125 Hodiamont Ave.

20. FILED Oct. 18 1937 Virginia Henschel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17/37 1937

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 8.30 A. M.  
 The principal cause of death and related causes of importance were as follows:

174  
Homicide by sharp instrument (ape) Date of onset 10/17/37

Other contributory causes of importance: Fractured skull 10/17/37

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide Date of injury 10/17, 1937  
 Where did injury occur? University City, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Homicide with ape  
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) John O. Cornell M. D.  
 (Address) Corona, St. Louis Co.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Jos. W. Clark*

Licensed Embalmer No. I66I.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**