

866121 FEB 12 1938

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

415
Do not use this space.

1. PLACE OF DEATH 1023 No. Cardinal Ave
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No.
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johnnie H. Hayes 200
(a) Residence, No. 1023 No. Cardinal Ave St. 21
(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 Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hayes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28th 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 10 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
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) Meridan
(STATE OR COUNTRY) Miss

FATHER
13. NAME Johnnie Hayes
14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Amelia Coleman
16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Miss

17. INFORMANT Lida Black
(ADDRESS) 1023 No. Cardinal Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cemetery Jan 10th 1938

19. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS) 3133 Ball Ave

20. FILED 19 38
J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938, to Jan 4, 1938
I last saw h. t. m alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

CORONARY HEART DISEASE
Date of onset Aug. 1937
Other contributory causes of importance: Bronchial ASTHMA

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? No.
If so, specify
(Signed) William H. Linkler I, M. D.
(Address) 901 N. Vandeventer

JAN 8 1938

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REASON should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hollard, Licensed Embalmer No. 3389

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hollard

Licensed Embalmer No. 3389

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