

L 29 1938

REC'D AUG 9 1938

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

Do not use this space.

26555

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Carondelet Primary Registration District No. 202
City Rock (No. Rock Hosp) St. _____ Ward _____

File No. _____

Registered No. 12782. FULL NAME Moses Hayes

(a) Residence, No. 4225 Aldine St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-'12

7. AGE YEARS 26 MONTHS 5 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Labourer

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) May 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reppling, Tenn.13. NAME Mattie Hayes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?15. MAIDEN NAME Fizzie Butts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?17. INFORMANT Rock Hospital records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Pk DATE 7-30 1938

19. UNDERTAKER A. F. Walton

(ADDRESS) 2707 St. Louis St

20. FILED 7-29 19 T. R. Meyer, M.D., Sr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1937, to 7-27, 1938

I last saw him alive on 7-26, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Pulmonary TB

Other contributors causes of importance:

Syphilis

Date of onset
Feb
1937

1938!

Name of operation _____ Date of _____

What test confirmed diagnosis? Sputum 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? No

If so, specify _____

(Signed) Osrael Jerome Jarman, M. D.(Address) Robert Koch Hospital

B.C.

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.

of her. By Perley. The Body whose name is
Recorded on the reverse side of this Certificate is
embalmed by me - Lomnie Boykin
Lic No 2446.
Lomnie Boykin