

REC'D FEB 10 1939

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

175
Do not use this space.

791
1003

Do not use this space.

175

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 4769 Labadie Ave. St.
(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Adelle Hayward

(a) Residence, No. 4769 Labadie Ave. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6th, 1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 8 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) St. Louis, (STATE OR COUNTRY) Mo.

13. NAME Thos. E. Hayward

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

15. MAIDEN NAME Fannie E. Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. E. Kelso. (ADDRESS) 4769 Labadie Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 1-7-39

19. FUNERAL DIRECTOR (NAME) Provost Und. Co. (ADDRESS) 3710 N. Grand Blvd.

20. FILED JAN 9, 1939 J. F. Budech Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-39, 19
22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to Jan. 4, 1939
I last saw h. er. alive on Dec. 27, 1938 Death is said to have occurred on the date stated above, at 10.45 A. M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerotic & hypertensive Cardio-vascular disease with occlusion of coronary artery Date of onset Uncertain
Other contributory causes of importance Diabetes Mellitus Uncertain

Name of operation..... Date of.....
What test confirmed diagnosis? Phys. & Lab EXAM 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) G. E. Brown, M. D.
(Address) 1325 S. Grand Blvd.

*Dr Bruin
Furnish Heritage Hoops*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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

If this body is not embalmed, above space should be left blank.