

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

55111
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. De Paul Hospital St. 791
(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. 1003 Registered No. 1804
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 207 Earnest Hayes

(a) Residence, No. 2427 St. Louis Ave. St. NR E. St. Louis, Ill.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lineman
9. Industry or business in which work was done, as saw mill, bank, etc. Union Elect. Co.
10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherryville, Kans.

FATHER 13. NAME Merrick Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Minnie Michaels

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

17. INFORMANT (ADDRESS) Carlin Hayes
East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat. Cem. DATE Feb. 27, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Kurrus
East St. Louis, Ill.

20. FILED FEB 24 1939 J. D. Buda
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-24-39, 1939, to 2-24-39, 1939.
I last saw deceased on 2-23-39, 1939. 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:

Levinoma
stomach
Other contributory causes of importance: HL

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

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 Walter H. Spoerlein M. D.
(Signed) Walter H. Spoerlein
(Address) 1506 St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, C. G. Kurrus, Jr., Licensed Embalmer No. 3162

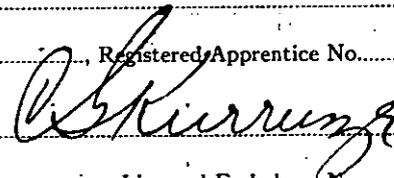
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 3162

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.)