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 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37116

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1869

1. PLACE OF DEATH: St. Louis Clayton
 (a) County St. Louis
 (b) City or town Clayton
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1010 North Market St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Eugene Hayes, 2nd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 22
 year 1939 hour 5 minute 05 AM M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 11th, 1913
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>5</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death Automobile accident.
While riding as a passenger in an automobile which left the highway and overturned. Duration 10/22/39

9. Birthplace Lura, Missouri
 (City, town, or county) (State or foreign country)

Due to Multiple fractures of the skull.

10. Usual occupation Chauffeur

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Fred Hayes

Major findings: Of operations _____ Of autopsy _____

12. Name Illinois
 13. Birthplace May Euber
 (City, town, or county) (State or foreign country)

PHYSICIAN J. D. M.
 Underline the cause to which death should be charged statistically

14. Maiden name Missouri
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident

16. (a) Informant's own signature Mrs. Mary Walker
 (b) Address 1010 N. Market Street.

(b) Date of occurrence Oct 22, 1939

17. (a) Burial (b) Date thereof Oct 26th, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Canton, Mo.

(c) Where did injury occur? St. Louis County, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

18. (a) Signature of funeral director John O. Connell
 (b) Address 1417 N. Market Street

While at work? no (Specify type of place) auto left road
 (b) Means of injury

19. (a) Oct 24 1939 (Date received local registrar)
 (b) J. R. Meyer (Registrar's signature)

23. Signature John O. Connell (M. D. or other)
 Address Coroner of St. Louis County Date signed 10/24/39

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address. *2223 St. Louis*

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.