

Rev. 5-17-39  
U. S. G. P. 161 X1051

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1939 DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
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. 44738  
Registrar's No. 2252

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Adm: 11-22-39  
(Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2704 Lucas Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. - years

3. (a) PRINT FULL NAME Sylvester HAYES 2670  
(b) If veteran, name war World  
(c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 20  
year 1939 hour 3 minute 00 P. M.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lennie 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased April 5, 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 22, 1939 to December 20, 1939;  
that I last saw him alive on December 20, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
43 8 15 hr. min.

Immediate cause of death Coronary arteriosclerosis, with cardiac enlargement, coronary occlusion and auricular fibrillation Duration

9. Birthplace Memphis Tennessee  
(City, town, or county) (State or foreign country)

Due to 9567  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations No operation  
Of autopsy None

10. Usual occupation Laborer  
11. Industry or business -  
MOTHER FATHER { 12. Name Rob Hayes  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha (?)  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature C. W. Hughes, M. D.  
(b) Address Jefferson Barracks, Missouri  
17. (a) Burial (b) Date thereof Dec 23 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Natl. Cem. Jefferson Barracks  
18. (a) Signature of funeral director G. C. Beardsley  
(b) Address 226 Ferguson Ave. St. Louis  
19. (a) DEC 22 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (b) Means of injury  
Signature C. W. HUGHES, M. D., Chief Med. Officer  
Address VAF Jefferson Bks., Mo. Date signed 11-20-39

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**