

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

27 1940 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. 3733
Registrar's No. 191

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution: Koch Hospital
(d) Length of stay: In hospital or institution 2 mo 12 days
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1915 - Central St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lorraine Hayes
(b) If veteran, name war no
(c) Social Security No. no
(d) Sex M (e) Color or race White
(f) (a) Single, widowed, married, divorced Married
(g) (b) Name of husband or wife Mr. Lottie Hayes
(h) (c) Age of husband or wife if alive 1 years
(i) Birth date of deceased 12 27 1892

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 26
year 40 hour 1 minute 50 A. M.
21. I hereby certify that I attended the deceased from June 15, 1939, to Jan 25, 1940
that I last saw her alive on Jan 25, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 0 Days 30 If less than one day hr. min.

Immediate cause of death Pulmonary Tuberculosis
Due to 23!
Other conditions Intestinal Tuberculosis
Major findings: Of operations
Of autopsy Pulmonary Tuberculosis & cavitation Esophageal tuberculosis

9. Birthplace Cloverport Kentucky
10. Usual occupation Automobile Mechanic
11. Industry or business
12. Name Henry Hayes
13. Birthplace New Harmony Indiana
14. Maiden name Catherine Hoch
15. Birthplace Candletown Indiana
16. (a) Informant's own signature Rud Hingston Burns
(b) Address Koch, Mo
17. (a) Calvary (b) Date thereof Jan 24 - 40
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Thomas H. Heddle
(b) Address 2331 S. Bond St.
19. (a) JAN 24 1940 (b) R. R. Meyer

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature William Starbuck (M. D. or other) 1
Address Rud Hospital, Koch, Mo Date signed 1/26/40

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.....

Frank J. Ward Sr.

Licensed Embalmer No.....

P. O. Address.....

*2645
St Louis Mo*

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.