

DEAD MAY 15 1940

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3264

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5245 Quincy St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5245 Quincy St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eva Hays 200

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Walter Hays 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 11th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business _____

12. Name of father Edward Frey

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Miller

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

16. (a) Informant Mrs. Ione Siebert (Name)

(b) Address 5245 Quincy St.

17. (a) Burial (b) Date thereof 4-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshausers Mortuar
(b) Address 4228 So. Kingshighway

19. (a) APR 9 1940
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 3:05 minute A.M. M.

21. I hereby certify that I attended the deceased from 6-21-1936 to 4-7-1940
that I last saw him alive on 4-5- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Adeno-carcinoma
breast - Right 4 yrs

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

Major findings: Adeno carcinoma
breast - Right
Of autopsy _____

PHYSICIAN

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? _____

23. Signature John R. Veighan (M. D. or other) _____
Address 1634 No. Maple (Specify type of place) _____
Date signed 4-8-40 (e) Means of injury _____

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

MOTHER FATHER

No. Theatre 75/D.S.

Je: 4824 11-1

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 *Edwin M. Bennett*
Licensed Embalmer No. *3024*

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.