

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791**

Primary Registration District No. **100.3**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmary Hos.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution February 22, 1940  
11 years. (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME

North Hayes.

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married,  
divorced Separated  
 6. (b) Name of husband or wife Georgia Hayes. 6. (c) Age of husband or wife if  
alive unk years  
 7. Birth date of deceased unk 1890.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 X X hr. min.

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

10. Usual occupation No Occupation.

11. Industry or business X

12. Name Jimmie Hayes.

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

14. Maiden name Margaret ? (State or foreign country)  
 15. Birthplace Unknown.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Maloney

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof April 12, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Metropolitan Funeral Home

(b) Address 2888 Oakwood St.

19. (a) APR 11 1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.  
 (c) City or town St. Louis, Mo. 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal St.  
 (If rural, give location) American  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
 year 1940. hour 12:00 minute a. M.

21. I hereby certify that I attended the deceased from February  
22, 1940, to April 4, 1940,  
 and that death occurred on the date and hour stated above.  
 that I last saw him alive on April 4, 1940.

Immediate cause of death

Regenerative Heart Disease.

Due to Arteriosclerosis.

Due to Hypertension.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy None.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature James P. Murphy (M. D. or other) \_\_\_\_\_

Address 5600 Arsenal St. Date signed 4-4-40

**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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Decker

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**