

10-39
7-39
K2142

PAID OCT 1940

STANDARD CERTIFICATE OF DEATH
1003

State File No. 30250

Registration District No. 791

Primary Registration District No.

Registrar's No. 7527

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Myrtle S. Hayes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 6, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Millinery

11. Industry or business _____

12. Name Jones Hayes

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

14. Maiden name Ellen Ann Ledburn

15. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Schachtner
(b) Address 5025 Maple Av. Schachtner

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

(c) Place: burial or cremation Otterville, Mo.
(d) Signature of funeral director Chas. A. Bull
(e) Address 4452 Washington Bl.

19. (a) SEP 7 1940 (b) _____
(Received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5025 Maple Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1940 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from August 28 1940, to September 6 1940; that I last saw her alive on September 5 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma Duration 3 days

Due to Diabetes Mellitus

Due to _____
Other conditions: Hypertensive Labor Pneumonia 1 Day
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy: Pneumonia - hyper P. labor of very short duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. D. Taylor M. D. or other _____
Address 4674 Taylor Date signed 9-6-40

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

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

John Ketter

Licensed Embalmer No. 3880

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.