

FILED OCT 7 1941

Registration District No. 117

Primary Registration District No. 117

Registrar's No. 1900

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

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town WEBSTER GROVE MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 121 Rithia St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt 30 yrs (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME BEULAH HAYES

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

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

6. (b) Name of husband or wife Robert Hayes 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 6-1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>5</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Charles Morris

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

14. Maiden name James

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

16. (a) Informant Robert Hayes

(b) Address 121 Rithia St

17. (a) Burial (b) Date thereof Sept 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farther Dickson

18. (a) Signature of funeral director Atkins Broad

(b) Address 3644 Tanager Ave

19. (a) SEP 13 1941 (b) C. S. M. Stewart
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Grove Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 121 Rithia St (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10 year 1941 hour 6 minute 10 P M.

21. I hereby certify that I attended the deceased from 9/2, 1941, to 9/10, 1941; that I last saw her alive on 9/10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Urinary Bladder Duration _____

Due to Ca. Bladder

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature G. Gray Reynolds (M. D. or other) _____

Address 234 E. Brady, Kirk Date signed _____

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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, fact should be so stated above.