No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8675

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 2295

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

1. PLACE OF DEATH:

(a) County ____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2849a Accomac St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2849a Accomac Av.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Almeda J. Hay

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife George A. Hay

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Aug. 10 1852 (Month) (Day) (Year)

8. AGE: Years 89 | Months 7 | Days 1 | If less than one day ____ hr. ____ min.

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

10. Usual occupation at home

11. Industry or business ____

FATHER
12. Name Lee Hutcheson
13. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Martha Smith
15. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Almeda Myers
(b) Address 2849a Accomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Witt Bros. L & Co.
(b) Address 2929 S. Jefferson Av.

19. (a) MAR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11 year 1942 hour 10 minute 05 p. M.

21. I hereby certify that I attended the deceased from 1941 ____ 19__ to Feb 26th 1942 that I last saw her alive on Feb 26th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of right parotid region

Due to Indefinite

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor of right parotid no operation
Of autopsy no

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 Dr. O. W. Thie (M. D. or other)
Address 5938 Kingsbury Date signed 3/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

Paul A. Shamblin, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shamblin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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

If this body is not embalmed, fact should be so stated above.