

MAR 31 1942

State File No. ....

Registration District No. 789

Primary Registration District No. 106

Registrar's No. 649

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
102 N Filmore Ave  
(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 Missouri (b) County St Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 N Filmore Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mallie Martin 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 Widowed

6. (b) Name of husband or wife Wm. E Hayes 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 26 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Housewife

11. Industry or business \_\_\_\_\_

12. Name Nicholas Martin

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

14. Maiden name Frances Duvall

15. Birthplace St Louis Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Woodus Madsen  
(b) Address 102 N. Filmore Ave Kirkwood Mo.

17. (a) Burial (b) Date thereof 3-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester M.E. Cem.

18. (a) Signature of funeral director Louis H Bopp Inc.

(b) Address 131 W Argonne Dr Kirkwood Mo.

19. (a) MAR 21 1942 (b) C. H. McHarran M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th  
year 1942 hour 1: minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1938 to March 20 1942  
that I last saw her alive on 3/19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation Duration 1 day

Due to Chc myocarditis 3 yrs

Due to senility -

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C. H. McHarran (M. D. or other) \_\_\_\_\_

Address Kirkwood Mo Date signed 3/20/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Herkman, Mo.

**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.**