

FILED JUN 15 1942 791

1003

4767

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

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: CITY
EN ROUTE TO HOSPITAL - 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. ST LOUIS ⁹⁶

(c) City or town. AFTON - NR ⁹⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 9525 BRENDA.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME. HARRY H. HAY

3. (b) If veteran, name war. NO

3. (c) Social Security No. 491-16-5512

4. Sex. MALE

5. Color or race. WHITE

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

6. (b) Name of husband or wife. LULU

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

7. Birth date of deceased. Oct. 14 - 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 7 16 hr. min.

9. Birthplace. ST LOUIS MO D
(City, town, or county) (State or foreign country)

10. Usual occupation. PORTER.

11. Industry or business.....

12. Name. GEORGE HAY

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

14. Maiden name. MARIE MAINE.

15. Birthplace. MANSFIELD OHIO!
(City, town, or county) (State or foreign country)

16. (a) Informant. HARRY HAY

(b) Address. 9525 BRENDA

17. (a) CREMATION (b) Date thereof. JUNE 1 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. VALHALLA CREM.

18. (a) Signature of funeral director. J. J. Bredeck

(b) Address. 7128

19. (a) JUN 1 1942 (b) J. J. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 30
Year 1942 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis

Due to.....

Due to.....

Other conditions.....
(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)

(c) Means of injury.....

23. Signature. Thomas J. Callahan (M. D. or other) 3

Address. Deputy Coroner Date signed 6/1/42

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

719
00
17
9

MOTHER FATHER

B

