

FILED MAY 28 1942

Registration District No. 791

Primary Registration District No. 1003

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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:  
3 en route Homer G. Phillips Hosp  
(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 \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4258<sup>th</sup> W. COOK AVE  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME JAMES HAYES

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

4. Sex MALE 5. Color or race Col 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased MAY 17 1906  
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace RIPLY TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

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

12. Name MATTHEW HAYES

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

14. Maiden name LIZZIE BUKES

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

16. (a) Informant Harry Hayes

(b) Address 4258<sup>th</sup> W. Cook Ave

17. (a) \_\_\_\_\_ (b) Date thereof 5-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director A. J. Walton

(b) Address 2707 St. Charles St

19. (a) MAY 16 1942 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10  
year 1942 hour 9:40 minute A M.

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

Immediate cause of death Gunshot wound of skull and brain, inflicted at the hands of one Annie G. A. derson Col. at 4157 Page Avenue about 9:30 o'clock A.M.  
Due to May 10, 1942.

HOMICIDE.

Due to 1/10  
Other conditions 1/10  
(Include pregnancy within 3 months of death)

Major findings: 1/3  
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) HOMICIDE  
(b) Date of occurrence 5/10/1942  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature W. J. Perry (M. D. or other) 3  
Address \_\_\_\_\_ Date signed 5/15/42

**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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649<sup>th</sup> Delmar Blv

**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.**