

FILED NOV 23 1942 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9493**

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:
5632 S. Magnolia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **nil**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Harry V. Hayes**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **493-10-7689**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mamie Hayes** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Sept. 11, 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **0** If less than one day hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Street Car Track Grinder**

11. Industry or business

12. Name **John Hayes**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jenny Ruskey**

15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mamie Hayes**

(b) Address **5632 S. Magnolia**

17. (a) **Burial** (b) Date thereof **11-16-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter & Paul**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

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

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. **5632 S. Magnolia**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11**
year **1942** hour **5** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **Aug 1**
1942 to **Nov 11** **1942**

that I last saw him alive on **11/10** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death

Casioneer Colon

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Inoperable Cancer**

Of autopsy **No**

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 **Charles C. Drace** (M. D. or other).....

Address **370 2nd Spaced** Date signed **11/13**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

135
123/43

FEB 23 1943

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 Wilford G. Burnley
Licensed Embalmer No. 4202
P. O. Address St. Louis 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.