

FILED JAN 14 1943 18

State File No. 15

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1820 S. 7th 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. Missouri (b) County.....
(c) City or town. St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1820 S 7th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME DARWIN CLYDE HAYDEN

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-07-9092

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Mary Hayden 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Jan 9th 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation OFFICE CLERK

11. Industry or business Huttig Sash & Door Co.

MOTHER FATHER { 12. Name William Hayden
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hayden
(b) Address 1820 S 7th St.

17. (a) Burial (b) Date thereof Jan 5th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Thos. Rutis & Son

(b) Address 2906 Gravois Ave

19. (a) JAN 3 1943 (b) J. F. Brueck
(Date of and day of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1943 hour 8 15 P.M. M.

21. I hereby certify that I attended the deceased from 4/2/42 to 1/1/43
that I last saw him alive on 12/30/42 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Metastatic Sarcomatosis
Due to Primary Sarcoma in Testicle

Other conditions Generalized Cachexia
(Include pregnancy within 4 months of death)

Major findings: Sarcomatosis
Of operations.....
Of autopsy.....

Duration 8 mos
PHYSICIAN 8 mos
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.....
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 Walter H. Hoff (M. D. or other)
Address 2602 S. Grand Date signed 1/1/43

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

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.....

David Van Fossen

Licensed Embalmer No. *4242*

P. O. Address. *2906 Main St*

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.