

38830

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 10308

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:
BARNES HOSPITAL
(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 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL.")
 (d) Street No. 5851 Plymouth, Ave.,
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mary Hamilton Hays.
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 9
 year 1942 hour 3 minute 25 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife William H. Hays.
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Feb. 20, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 9, 1942 to Dec 9, 1942
 that I last saw h. or alive on Dec 9, 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	9	19	hr. min.

Immediate cause of death cerebral hemorrhage on left due to arteriosclerosis!
 Duration

9. Birthplace Webberville, Texas
(City, town, or county) (State or foreign country)

Due to
 Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy same

10. Usual occupation At home
 11. Industry or business

MOTHER FATHER
 12. Name George Hamilton.
 13. Birthplace Webberville, Texas
(City, town, or county) (State or foreign country)
 14. Maiden name Cornelia Banks.
 15. Birthplace unknown Mississippi
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Waverly P. Hays.
 (b) Address 8133 Cornell, Ave.
 17. (a) burial (b) Date thereof 12/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery.

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 0

18. (a) Signature of funeral director C.R. Lupton & Sons.
 (b) Address 7233 Delmar, Blvd.
 19. (a) DEC 10 1942 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Marti (M. D. or other)
 Address BARNES HOSPITAL Date signed 12/11/42

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

Bradford A. Miles

Licensed Embalmer No.

2,901

P. O. Address

University City - 7

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.