V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4283

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1312

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:
enroute to City Hospital 3
(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: 999

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL") N.R.

(d) Street No. 700a North 3rd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 9

3. (a) PRINT FULL NAME William Joseph Hayes

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 9 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Iron Mountain (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name John Hayes
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Murphy
15. Birthplace Canton (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Cornelius Hayes
(b) Address East St. Louis, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1943 hour 2 minute 50 P.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: Subdural Hemorrhage of Brain — Duration
Fracture of 4th Cervicle Vertebrae
Crushed Chest When Deceased
Due to: Jumped from South Rail of
Eads Bridge about 100 feet
Due to: East of the west Bank of the
Mississippi River 2-8-43
Other conditions: About 1700 PM
(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) Suicide
(b) Date of occurrence 2-8-43
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Suicide

23. Signature Thomas F. Callaway (M. D. or other)
Address Deputy Coroner Date signed 2-8-43

(Licensed Embalmer's Statement on Reverse Side)

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 Albert V. Hopper

Licensed Embalmer No. 1861

P. O. Address .....

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.