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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8375

Registrar's No. 1958

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: Jewish Hospital O
(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 Mo. (b) County 000 17 6

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1439 A. Burd Ave.
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Hayes, Harold L.

3. (b) If veteran, name war World War #1 X

3. (c) Social Security No. 492-03-8420

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace A. Hayes

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mar (Month) 2 (Day) 1894 (Year)

8. AGE: Years 48 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Nelbo (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Fitter

11. Industry or business Laclede Gas Co.

FATHER
12. Name Alvis Hayes
13. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Augusta Collins
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Grace A. Hayes
(b) Address 1439 A. Burd Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Drehmann-Hartal
(b) Address 1905 Union Blvd.

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1943 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from January 1, 1943, to February 28, 1943; that I last saw h. in alive on February 28, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from left carotid artery	5 hrs.
Due to: Carcinoma of larynx	18 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations carcinoma of larynx with regional metastasis
Of autopsy Erosion of left carotid artery by carcinoma of larynx

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frederic L Salioun (M. D. or other) MD

Address 216 So Kingshighway Schoen Date signed 2/28/43

844

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 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 Robt. M. Sanford

Licensed Embalmer No. 2273

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.