

Registration District No. **318**

Primary Registration District No. **100's**

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:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 Days**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **913 Geyer Ave**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Edward Day**
 3. (b) If veteran, name war *********
 3. (c) Social Security No. **494-10-8595**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3rd** day **April**
 year **1943** hour **12:12** minute **P.** M.

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, widower
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

7. Birth date of deceased **Unknown**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

Immediate cause of death:
Fractured Right Hip: Broncho suffered when deceased fell to the floor at his home 913 Lynch St on March 21st, 1943, about 8:30 A.M.

9. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Brewer**

11. Industry or business **Anheuser-Busch Brewery**

12. Name **Unknown**

13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

14. Marital name **Unknown**

15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

Other conditions **Accident**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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

16. (a) Informant **Julius Luplow**
 (b) Address **Indianapolis Indiana**

17. (a) **Removed**
 (Burial, cremation, or removal)
 (b) Date thereof **April 6 1943**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Logansport Indiana**

18. (a) Signature of funeral director **Pectz Brothers**
 (b) Address **3029 Lafayette Ave**

19. (a) **APR 6 1943** (b) **J. F. Brebeck**
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **March 21st, 1943**
 (c) Where did injury occur? **913 Lynch St**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) **Fracture**
 (e) Means of injury

23. Signature **Thomas F. Callender** (M. D. or other)
 Address **Deputy Coroner** Date signed **4-6-43**

Faint, illegible text, possibly a stamp or header information.

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..... *Frank J. Swann*

Licensed Embalmer No. *7245*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

not June
State File No. _____
Registrar's No. 3245

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution City Hospital #1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Day
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: abt 68 Years Months Days If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) APR 16 1943 (b) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo - St Louis (b) County _____
(c) City or town _____
(d) Street No. (913 Lynch St) (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day April
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 Accident

(b) Date of occurrence 3/21/43

(c) Where did injury occur? 913 Lynch (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Thos F. Calloway (M. D. or other) _____
Address Dep coroner Date signed 4-6-43

SUPPLEMENTAL

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

APR 19 1943

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State of Missouri
City of St. Louis } ss.
County of St. Louis

State File No.
Local Registrar's No. 3245

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of ~~birth~~ death
for Edward Hlay, died April - 3 -, 1942, in the State of
Missouri, and which was filed at St. Louis on April 6th, 1942, should be corrected as follows:

Item No. 3-A should read Edward M. Hlay.

Instead of Edward Hlay.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Peety Bros L & W Undertaker
30 29 Lafayette Relat. ownship.

30 29 Lafayette
Present Address.

Subscribed and sworn to before me this 4th day of May, 1943.

My Commission expires Dec 26 1946 Frank J. Owens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.