

FILED MAY 12 1943  
Registration District No. 818

Primary Registration District No. 1003

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:  
2715 RUTGER ST. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME JESSIE C. HAYES

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife KATE HAYES

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

7. Birth date of deceased MAY 4 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>27</u>	hr. min.

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

10. Usual occupation NIL

11. Industry or business.....

12. Name Mrs. HAYES

13. Birthplace Mrs. HAYES  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. HAYES

15. Birthplace Mrs. HAYES  
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin Hayes

(b) Address 2715 RUTGER

17. (a) BURIAL  
(Burial, cremation, or removal)

(b) Date thereof MAY 4 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave

19. (a) MAY 7 1943  
(Date received local registry)

J. F. Budeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17 N

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 RUTGER ST.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug  
....., 1942 to May 1, 1943  
that I last saw him live on Apr 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs

Duration 7 mos

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations V

Of autopsy V

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 X

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Y

While at work? Y (Specify type of place)

(e) Means of injury.....

23. Signature B. Shaulden (M. D. or other)

Address 1546 Jefferson Ave Date signed.....

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**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.....

*Jose B. Villanueva*

Licensed Embalmer No. *24014*

P. O. Address. *3125 Lafayette*

**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.**