

ED JUN 9 1943

318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5074

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:
ST. LOUIS CHILDRENS HOSP. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 24 Hours (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JOHANNAH VIRGINIA HAYES

3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex FEMALE 5. Color or race WHITE 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 FEB 20 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 11 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name PAUL F. HAYES

13. Birthplace BATH MAINE
(City, town, or county) (State or foreign country)

14. Maiden name JARA E. OWENS

15. Birthplace FULTON KY.
(City, town, or county) (State or foreign country)

16. (a) Informant Edg. Paul F. Hayes
(b) Address FULTON, KY.

17. (a) Burial (b) Date thereof 6-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FULTON, KY.

18. (a) Signature of funeral director Hornbeck Funeral Home
(b) Address FULTON KY.

19. (a) JUN 2 1943 (b) J. P. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KENTUCKY (b) County FULTON
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. HIGHLANDS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 43 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-30-43
_____, 19____, to 5-31-1943
_____, 19____, that I last saw her alive on 5-31, 19____

and that death occurred on the date and hour stated above.
Immediate cause of death Congenital Anomalie of Heart

Due to _____
Due to 157
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
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 (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 _____
23. Signature L. P. Barrett (M. D. or other)
Address 500 N. Kentucky Date signed June 4

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

507A

507A

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.....

Frank Prohopy

Registered Apprentice No. *339*

working under my personal supervision.

Signed *William J. Herons*

Licensed Embalmer No. *4319*

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.