

FILED JUN 12 1943

State File No.

Registration District No. 27

Primary Registration District No. 2062

Registrar's No. 1327

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6904 Plymouth Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Hayes

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

4. Sex male 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 April 27 1910
(Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name Thomas Hayes

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

14. Maiden name Catherine Gelligan

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

16. (a) Informant Mrs. Catherine Graves

(b) Address 6904 Plymouth Ave.

17. (a) Burial (b) Date thereof June 7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary em.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUN 7 1943 (b) C. E. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 3 minute 00 p.m.

21. I hereby certify that I attended the deceased from 5-4-43
19... to 6-3-43, 19...

that I last saw him alive on 6-3-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus meningitis. Duration 4 days

Due to Left Ovar. Pth. toxic pneumonia. 1 mo.

Due to Chronic alcoholism years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gla Of autopsy gla
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?

While at work (Specify type of place) (e) Means of injury _____
23. Signature Russell Gardner (M. D. or other) _____
Address St. Louis County Hosp. Date signed 6-3

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

10
29
32

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..... *Kerry M. Brammer*

Licensed Embalmer No..... *4200*

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.