

DECEASED **AUG 7 1943**

Registration District No. **218**

Primary Registration District No. **1003**

Registrar's No. **6875**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4467 Vista /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **nil**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4467 Vista**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Maxie Hayes**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Hays** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Jan. 17, 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**63** **6** **12** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Hayes**  
13. Birthplace **New Orleans, La.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hayes**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **John Hays**  
(b) Address **4467 Vista**

17. (a) **Burial** (b) Date thereof **7/31-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **III 27 1943** (Date received local registrar) (b) **J. F. Brunk** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1943** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 1942 to July 29, 1943**  
that I last saw her alive on **July 29, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left chest**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **55**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **W. W. ...** (M. D. or other) **J. M. D.**  
Address **4007 Chautauque** Date signed **7/29/43**

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

**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..... *H. C. Burgess*.....  
Licensed Embalmer No..... *4029*.....  
P. O. Address..... *Maplewood*.....

**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.**