

FILED SEP 17 1943
Registration District No. 8

Primary Registration District No. 1003

Registrar's No.

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:
4314 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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. 4314 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William T. Hay.
(b) If veteran, name war None (c) Social Security No. 48216-1227

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 1st.
year 1943 hour 10 minute 15 A.M.

4. Sex Male 0 5. Color or race White 3
6. (a) Single, widowed, married, divorced Divorce
6. (b) Name of husband or wife Niva Hay. 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased March 24, 1898.
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
45 5 7 hr. min.

Immediate cause of death
Coronary Occlusion
arteriosclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Collector

11. Industry or business Motor Car Collector.

12. Name William C. Hay.

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

14. Maiden name Margaret Milne.

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

16. (a) Informant Mrs. Margaret Reck.
(b) Address MCallen, Texas.

17. (a) Burial (b) Date thereof 9-4-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc
(b) Address 5966-68 Easton Ave.

19. (a) SEP 2 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) (A) Means of injury _____

23. Signature Thomas J. Callahan (M.D. or other)
Address Deputy Coroner Date signed 9-3-43

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

MOTHER FATHER

can
1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ben Hoffman....., Registered Apprentice No. *346*
working under my personal supervision.

Signed.....
[Signature]

Licensed Embalmer No. *837*

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.