

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43714
Registrar's No. 2812

FILED DEC 27 1943
Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(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

3. (a) PRINT FULL NAME Sadie Hays.
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married. 2 divorced. Widowed
6. (b) Name of husband or wife Wade Hays
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 5, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 10 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Locker
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Pugh
15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vella Valleroy
(b) Address 1268 Delaware Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) DEC 18 1943 (Date received local registrar)
(b) E. J. McHarran, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1268 Delaware Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1943 hour 2.05 minute A.M. M.

21. I hereby certify that I attended the deceased from Nov. 1943
_____ 19 _____ to Dec. 16 19 43
that I last saw h. er alive on Dec. 16 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
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 George W. Pugh (M. D. or other) MD
Address 6125 1/2 Patton Date signed 12/16/43

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..... *Alan J. Neely*.....

Licensed Embalmer No. 3225.....

P. O. Address. 1125 Hodamont Ave.....

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.