

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5225
Registrar's No. 2109

FILED MAR 13 1944
Registration District No. 818

Primary Registration District No. 1003

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:
2411a Hickson St 1
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2411a Hickson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DELLA HAYSES

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced, WIDOW
6. (b) Name of husband or wife Wm Hayzes 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Apr. 1 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Reverton Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Olson
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Frances (City, town, or county) (State or foreign country)
15. Birthplace Millwood Miss (City, town, or county) (State or foreign country)

16. (a) Informant Maurice Gatty

(b) Address 2411a Hickson St

17. (a) Burial (b) Date thereof 3 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel

18. (a) Signature of funeral director A. B. Walden

(b) Address 2707 S. Dillard

19. (a) MAR 3 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 27, year 44 hour 4 minute 31 P.M.

21. I hereby certify that I attended the deceased from 11 44 1944 to 2 27 44 1944; that I last saw her alive on 2/27/44 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration 2 1/2

Due to Phlebotomy 4/4
Due to Emphysema

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

Major findings: Of operations 1st
Of autopsy _____

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? no
While at work? no (Specify type of place) (e) Means of injury _____
23. Signature J. F. Budek (M. D. or other)
Address 2707 S. Dillard Date signed 2/27/44

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

6072

6072

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 Arthur L. Hollis

Licensed Embalmer No. 4221

P. O. Address 4219 E Hazel

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.