

V. S. No. 2
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Rev. 5-17-39
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35956

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 15 1944
Registration District No. 018

Primary Registration District No. 1003

Registrar's No. 10454

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:
1029-a Rutger
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... one year
(Specify whether years, months or days)

In this community...
(Specify whether years, months or days)

3. (a) PRINT FULL NAME... FRANCES Z. HAYDEN

3. (b) If veteran, name war... ---

3. (c) Social Security No. ... ---

4. Sex... Female

5. Color or race... White

6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... John N. Hayden

6. (c) Age of husband or wife if alive... --- years

7. Birth date of deceased... January 6 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	1	hr. min.

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

10. Usual occupation... Housewife

11. Industry or business... Own home

MOTHER FATHER

12. Name... Unknown

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

14. Maiden name... Unknown

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

16. (a) Informant... F. Hayden

(b) Address... 1029-a Rutger St., St. Louis, Mo.

17. (a) Removal... (b) Date thereof... 12-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Cairo, Illinois MOTOR

18. (a) Signature of funeral director... C. Hoffmeister U. & L. Co.

(b) Address... 7814 S. Broadway St. Louis, Mo.

19. (a) Date received local registrar... DEC 8 1944
(Date received local registrar)

J. F. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000

(c) City or town... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No... 1029-a Rutger
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)

If yes, name country... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... December day... 7
year... 1944 hour... 1:30 minute... P. M.

21. I hereby certify that I attended the deceased from Dec. 4 - 1944 to Dec. 7 - 1944
that I last saw her alive on Dec. 7 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death...
Chronic Myocarditis
Due to...
Chronic Bronchial Asthma
Other conditions...
10 yrs.
Major findings:
Of operations...
Of autopsy...
PHYSICIAN
93
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...
9 - Klappel
23. Signature... (M. D. or other)
Address... 905 Harrison St. Date signed... 12/8/44

(Licensed Embalmer's Statement on Reverse Side)

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

500
17
9

Dr. C. F. Kloeppel
905 Morrison - GA 2645

Oct. 10 + 12 A.M.

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.....

Laura C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address.....

7814 S. Broadway

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.