S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39402

Registrar's No. 10718

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:
4943 Pershing Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 YEARS 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4943 Persing Ave
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Hopkins Hayward

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Louis J. Hayward

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

7. Birth date of deceased August (Month) 28 (Day) 1867 (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Granger Medina Co (City, town, or county) Ohio. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James hopkins
13. Birthplace Pittsford (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Lucretia E. Bent
15. Birthplace Granger Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. J. H. Hayward
(b) Address 4943 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) DEC 16 1944 (Date received by local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1944 hour minute 5 a.M.

21. I hereby certify that I attended the deceased from June, 1930, to Dec 15, 1944; that I last saw her alive on Dec 15, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	5 years
Chron myocarditis	15 years
Due to arteria sclerosis.	
Due to	
Other conditions Chron bronchitis (Include pregnancy within 3 months of death)	5 years

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 3720 Washington Boul Date signed Dec 15 '44

(Licensed Embalmer's Statement on Reverse Side)

Dr Walter Nagel
3720 Washington Blvd.
2 X. 4:30 P.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 Melvin L. Kempen

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.