V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7799

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2630

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 9 years

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. 4469 Evans
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josie Hayes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F. 2

5. Color or race Col

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

6. (b) Name of husband or wife George Hayes

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

7. Birth date of deceased 3 (Month) 24 (Day) 1876 (Year)

8. AGE: 68 Years 9 Months 21 Days ~~69 14 15~~ If less than one day hr. min.

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

10. Usual occupation

11. Industry or business House Work

FATHER
12. Name Harral William
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josie William
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Essie Muldrew
(b) Address 4469 Evans Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation West Point Miss

18. (a) Signature of funeral director Jus Howe
(b) Address 2930 Dickson St.

19. (a) MAR 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15, year 1945 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 11, 1945 to March 15, 1945; that I last saw her alive on March 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro-vascular accident	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(e) While at work? (e) Means of injury

23. Signature B. F. Murphy (M. D. or other)
Address 2001 Whittier Date signed 3/16/45

(Licensed Embalmer's Statement on Reverse Side)

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.