

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

35373

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED DEC 12 1945**  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **9888**

Registration District No. **318** Primary Registration District No. **1003**

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:  
**St. Louis City Hospital-Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1 mo-3 days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1539 Salisbury Str**  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JAMES DENNIS HAYSE**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **13th**  
year **1945** hour **7:05** P.M.  
21. I hereby certify that I attended the deceased from **10/11/45**  
to **11/13/45**, 19\_\_\_\_, to **11/13/45**, 19\_\_\_\_;  
that I last saw h **im** alive on **11/13/45**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **1**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: **Diarrhea of unknown etiology - Prematurity**  
Due to \_\_\_\_\_  
Due to **119**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

7. Birth date of deceased **Oct. 11 Th 1945**  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months **1-00** Days **2--**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **31**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis**  
(City, town, or county) (State or foreign country) \_\_\_\_\_  
10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name **Gorden Dennis Hayse**  
13. Birthplace **St Louis MO**  
(City, town, or county) (State or foreign country) \_\_\_\_\_  
14. Maiden name **Majorie HENDRICKSON**  
15. Birthplace **East St Louis ILL**  
(City, town, or county) (State or foreign country) \_\_\_\_\_

16. (a) Informant **Majorie Hayse**  
(b) Address **1530 Salisbury 1945**  
17. (a) **Burial** (b) Date thereof **Nov 14 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**  
18. (a) Signature of funeral director **Edward Koch**  
(b) Address **3516 N 14 Th Str**  
19. (a) **NOV 15 1945** **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **George W. A. D... 11/14/45**  
Address **1575 Lafayette** Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

*Rex E. Campbell*

Licensed Embalmer No.....

*3881*

P. O. Address.....

*St Louis, Mo*

**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.**