

S. No. 2  
OM-2-43  
v. 5-17-39  
P-I X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF THE CENSUS  
**FILED DEC 1 1945**

**STANDARD CERTIFICATE OF DEATH**

State File No. **38493**

Registration District No. **317**

Primary Registration District No. **2070**

Registrar's No. **2214**

**1. PLACE OF DEATH:**  
 (a) County ST LOUIS  
 (b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
47 MARSHALL PL. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 16 YRS.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County ST LOUIS 91  
 (c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 47 MARSHALL PL. 1  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MORELL HOOPER HAYMAN  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. 488-02-5246

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 29  
 year 1945 hour 3 minute 00 A.M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife ELIZABETH M. HAYMAN  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Sept 8 - 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17, 1942 to Nov 28, 1945;  
 that I last saw him alive on 11/28/45, 1945;  
 and that death occurred on the date and hour stated above.

**8. AGE:**  
 Years 57 Months 2 Days 21  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia  
 Due to Carcinoma of Bladder  
 Due to 62

Duration 3 yrs

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

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation SALESMAN

Major findings:  
 Of operations None

11. Industry or business STEINER HANDEL IMPORTERS NY

Of autopsy None

12. Name WILLIAM S. HAYMAN

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

14. Maiden name MARGARET RONAN

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

16. (a) Informant Harry D. Marshall

(b) Address Regenton Blvd

17. (a) CREMATION (b) Date thereof NOV-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parke Lindes

(b) Address WEBSTER GROVES MO

19. (a) 6-30-45 (b) 62  
(Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. C. ... (M. D. or other)  
 Address 18 E. Jackson Date signed \_\_\_\_\_

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

16  
7  
4

FEB 18 1945

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**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.....

*No Embalming*

Licensed Embalmer No.....

P. O. Address.....

**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.**