. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22302

Primary Registration District No. 1003

Registrar's No. 5881

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 26 823 Brooklyn 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George Hayes

3. (b) If veteran, name war

3. (c) Social Security No. 494-09-5521

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov (Month) 25th (Day) 1893 (Year)

8. AGE: Years 53 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Pickens (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Calvin Hayes
13. Birthplace Pickins (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Rose Holiday
15. Birthplace Pickins (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant John Green
(b) Address 1310 Webster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave

19. (a) JUN 17 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 8, 1947, to June 12, 1947
that I last saw him alive on June 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Conglomerate Silicosis with spontaneous Pneumothorax — Duration: Undet.

Due to Non-Tubercular

Due to

Other conditions (Include pregnancy within 3 months of death) 114

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause of 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

23. Signature Edw. B. Williams (M. D. or other)

Address 2601 N Whittier Date signed 6/14/47

Jefferson City Printing Co.

(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 S. J. Stetson

Licensed Embalmer No. 2498

P. O. Address 2769 Christian

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.