V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 26346

Registrar's No. 1512

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

96
6
0

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6902 Greenway
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 6902 Greenway
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Anna E. Hayes

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Edmund Hayes

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

7. Birth date of deceased January (Month) 18 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	88	..... hr. ..... min.

9. Birthplace Carolton Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Patrick Costello
13. Birthplace ..... Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Mooney
15. Birthplace ..... Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Mc Cann

(b) Address 6902 Greenway Normandy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) 7-15-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 10
year 1947 hour 5. minute 45 A. M.

21. I hereby certify that I attended the deceased from July 4, 1947 to July 10, 1947, 19 ..;
that I last saw her alive on July 10, 1947, 19 ..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis with Cerebral embolus.	6 days
Due to: Chronic coronary disease	4 yrs.
Due to: 94a	
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)

While at work? ..... (e) Means of injury 0

23. Signature A H Jost, (M. D. or other) M.D.

Address 2807 N. Grand Blvd., Date signed 7/11/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arthur [illegible]
2807 N. Second
11-11 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 John A. Mlinar

Licensed Embalmer No. 4186

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.