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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 28 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3307

Registrar's No. 177

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution D. O. A. (Specify whether
In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 8003 Elinore Avenue 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Carolyn Marie Hayles
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 2
5. Color or race Col 3
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22, (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
4	7	23	hr. min.

9. Birthplace St. Louis (City, town, or county) County (State or foreign country) 0
10. Usual occupation none
11. Industry or business

FATHER
12. Name Jefferson Hayles, Sr.
13. Birthplace Plateau, (City, town, or county) Alabama (State or foreign country) 1

MOTHER
14. Maiden name Marie Travis
15. Birthplace Brentwood, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Simon T. Travis
(b) Address 1807 Berean Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.
19. (a) 1-20-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th uary day January
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death asphyxia caused by carbon monoxide in fire	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	

XXXXXX

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) Accident 129
(b) Date of occurrence Jan. 16, 1948
(c) Where did injury occur? Richmond Heights, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Suffocation
23. Signature Arnold J. Willmann Coroner 3
Address Clayton, Mo. Date signed 1/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1948

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1321-N. Grand

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.