

FILED MAR 11 1948  
Registration District No. **318**

Primary Registration District No. **100**

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

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: **Desloge 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.....  
years, months or days

3. (a) PRINT FULL NAME **John J. Hayden**

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

3. (c) Social Security No. **488-10-0915**

4. Sex **Male** race **White**

5. Color or race.....

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

6. (b) Name of husband or wife..... **Jennie Hayden**

6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **Jan. 19th, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**68** **I** **6** hr. min.

9. Birthplace..... **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Shoe Worker**

11. Industry or business..... **Wolf - Tober Shoe Co.**

12. Name..... **Unknown**

13. Birthplace..... **England**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Joseph Hayden**

(b) Address..... **2325 Warren St.**

17. (a) **Burial** (b) Date thereof **2/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (c) Signature of funeral director..... **Sullivan Funeral Dir.**

(b) Address..... **2849 North Euclid Ave.**

19. (a) **27 1948** (b) **J. F. Burch**  
(Date recorded here) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **oac**

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

(d) Street No. **2325 Warren St.**  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feb.** day..... **25th**  
year..... **1948** hour..... **8.30** minute..... **A.** M.

21. I hereby certify that I attended the deceased from **Feb 23rd** to **Feb 25th**, 19**48**  
that I last saw him alive on **Feb 25**, 19**48**  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death.....

**Coronary Occlusion**

Due to.....

**Acute Congestive Heart Disease**

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... (c) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

Dr. H. E. Rosenberg

1467 North Union

RO.5544

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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

*Robert L. Pinkman*

Licensed Embalmer No. 3553

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.