

S. No. 30
M-10-47
Rev. 5-17-39
I 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10256**
Registrar's No. **2467**

FILED MAR 23 1948 **318**
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
Peoples 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 2 years years, months or days)

3. (a) PRINT FULL NAME NORA HAYES
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Wm L. Hayes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 7 _____ hr. _____ min.

9. Birthplace Gainesville Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

12. Name Gus Jones

13. Birthplace Gainesville Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Carson

15. Birthplace Gainesville Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Clark

(b) Address 4340 Enright Ave.

17. (a) Removal (b) Date thereof 3-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 12 1948 (b) J. F. Bremer
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 092nd 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4340 Enright Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 7
_____, 1948, to March 10, 1948
that I last saw her alive on March 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____
nephritis - Chr

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/31

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature P. H. Wood (M. D. or other) md
Address 4448 Easton Ave. Date signed 3/11/48

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.....

John Cunningham

....., Registered Apprentice No.

working under my personal supervision.

Signed

John Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave.

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.