

S. No. 2  
1-1/47  
5-17-39

10257

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2975  
Registrar's No.

FILED APR 7 1948 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Josephine Heitkamp Hospital  
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36  
(c) City or town St. Clair  
(d) Street No. Rural  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Joseph H. Hayhurst

3. (b) If veteran, name war World War II 3. (c) Social Security No. 488-07-8019

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Virginia L. Hayhurst 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased July 26 1913 (Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Lonedell Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

12. Name Edward Hayhurst

13. Birthplace Lubbering Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Hammer

15. Birthplace Gray Summit Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Steiraut

(b) Address St. Clair, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 3-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) Date received local registrar MAR 26 1948 (b) Registrar's signature J. F. Bessick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/18, 1948, to 3/24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: General peritonitis  
Due to: Gynoma (type?) of calcium  
Other conditions: (Include pregnancy within 3 months of death)

Duration 5 days  
probably 1/2 hr.  
PHYSICIAN underline the cause of which death should be charged statistically.

Major findings: Tumor of calcium  
Of operations non-malignant  
Of autopsy

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)  
Signature P. H. Mullikin (M. D. or other) 7/20  
Address 2608 S. Highway Date signed

MAY 11 1948

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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 Ernest W. Spillars  
Licensed Embalmer No. 14080

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.