

*Filed*  
*April 15, 1949*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10147  
State File No. 3144

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Missouri</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |  |
| c. LENGTH OF STAY (In this place) <u>30 yrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1121 N. 19th St</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>                      |  |  |  |

|  |                                 |   |  |  |  |  |   |                                     |
|--|---------------------------------|---|--|--|--|--|---|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Eibert</u>  |                                 | b. (Middle)   |  | c. (Last) <u>Hayes</u>                                 |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 2 1949</u> |   |                                     |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> |  | 8. DATE OF BIRTH <u>Nov. 25, 1899</u>                  |  | 9. AGE (In years last birthday) <u>49</u>                    | IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u> | IF UNDER 2 HRS. Hours <u>7</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> |                                 | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>                      |  | 11. BIRTHPLACE (State or foreign country) <u>Miss.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                      |   |                                     |

|                                      |  |   |  |  |  |
|--------------------------------------|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John Hayes</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Emma Lewis</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Essie Hayes</u> |  |
|--------------------------------------|--|---|--|--|--|

|   |   |  |  |         |
|---|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-12-1103</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Essie Hayes, 1121 N 19th St</u> |  | ADDRESS |
|---|---|--|--|---------|

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>Heart Disease<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension and Hypertensive</u>         |  | INTERVAL BETWEEN ONSET AND DEATH |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Undetermined</u> |  |                                  |
|  |  | DUE TO (c) _____  |  |                                  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>None</u>      |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from 3-30- 19 49 to 4-2, 19 49 that I last saw the deceased alive on 4-2, 19 49, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

|   |  |                                |
|---|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. Scott Daniels, M. D.</u> | 23b. ADDRESS <u>2601 N Whittier St</u> | 23c. DATE SIGNED <u>4-4-49</u> |
|---|--|--------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>April 9 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Green-Wood</u> | 24d. LOCATION (City, town, or county) (State) <u>6571 St Louis Ave. Mo.</u> |
|---|-------------------------------|--|---|

|  |  |   |         |
|--|--|---|---------|
| DATE REC'D BY LOCAL REG. <u>APR 7 1949</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS |
|--|--|---|---------|

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

21

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 \_\_\_\_\_

*Henry C. Williams*

Student Embalmer No. 306

working under my personal supervision.

Signed *Henry C. Williams*  
Student Embalmer

Signed *Edward C. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4548<sup>2</sup> Bay

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.

*Luen 7664*