

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25461

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 9027 Registrar's No. 18227

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Woodson Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 9563 Corrigan Drive	
3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE b. (Middle) _____ c. (Last) HAYES			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr 9 - 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) Months Days 66 5 18
11. BIRTHPLACE (State or foreign country) Hairsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Hayes		13b. MOTHER'S MAIDEN NAME Sarah Prowell	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William P. Hayes - 9563 Corrigan Drive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of neck of Lt. Femur. INTERVAL BETWEEN ONSET AND DEATH 24 days *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) complicated Cardiac Decompensation 3 weeks DUE TO (c) in Hypertensive Cardiovascular 10 years! II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 2 10 20			
19a. DATE OF OPERATION 7-6-49		19b. MAJOR FINDINGS OF OPERATION Fracture of neck of Lt femur	
20. AUTOPSY? 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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland St Louis Co Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 3 49 4:24 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Pt fell at home, on floor			
22. I hereby certify that I attended the deceased from 7-3-1949 , to 7-27-49, 1949 , that I last saw the deceased alive on 7-26, 1949 , and that death occurred at 3A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Russell P. Henderson MD		23b. ADDRESS St Louis Co. Ariz	
23c. DATE SIGNED 7-28-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/29/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.	
DATE REC'D BY LOCAL REG. 7-28-49		REGISTRAR'S SIGNATURE Russell P. Henderson, MD	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.