

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14800

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3631**

590

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township)		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

a. COUNTY: **St. Louis**
 b. STATE: **Mo.**
 c. LENGTH OF STAY: **23**
 d. FULL NAME OF HOSPITAL OR INSTITUTION: **305 4095**
 e. CITY: **St. Louis 2259**
 f. COUNTY: **St. Louis**
 g. STREET ADDRESS: **305 4095**

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX			6. COLOR OR RACE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)			8. DATE OF BIRTH		
9. AGE (In years, Months, Days)			10. BIRTHPLACE (State or foreign country)		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		

3. NAME OF DECEASED: **HARRY MAYES**
 4. DATE OF DEATH: **3 26 50**
 5. SEX: **Male**
 6. COLOR OR RACE: **White**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Single**
 8. DATE OF BIRTH: **Nov. 19 18 89**
 9. AGE: **60**
 10. BIRTHPLACE: **Kentucky**
 11. BIRTHPLACE: **Kentucky**
 12. CITIZEN OF WHAT COUNTRY: **USA**

13a. FATHER'S NAME	13b. MOTHER'S M maiden NAME	14. NAME OF HUSBAND OR WIFE
--------------------	-----------------------------	-----------------------------

13a. FATHER'S NAME: **Wm**
 13b. MOTHER'S M maiden NAME: **Wm**
 14. NAME OF HUSBAND OR WIFE: **Wm**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	17. ADDRESS
---	-------------------------	-----------------------------------	-------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? **no**
 16. SOCIAL SECURITY NO.: **Wm**
 17. INFORMANT'S SIGNATURE OR NAME: **Patrick C. May**
 17. ADDRESS: **1300 Clark**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	II. OTHER SIGNIFICANT CONDITIONS			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): **Gastric Hemorrhage**
 ANTECEDENT CAUSES: **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
 DUE TO (b): **Septic Ulcer**
 DUE TO (c): **Septic Ulcer**
 II. OTHER SIGNIFICANT CONDITIONS: **Conditions contributing to the death but not related to the disease or condition causing death.**

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

19a. DATE OF OPERATION: _____
 19b. MAJOR FINDINGS OF OPERATION: _____
 20. AUTOPSY: **NO**

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)
--	--	---

21a. ACCIDENT SUICIDE HOMICIDE: _____
 21b. PLACE OF INJURY: _____
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): **St. Louis 5401**

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?
---	--	----------------------------

21d. TIME OF INJURY: _____
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?: **5401**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
----------------------------------	--------------	------------------

23a. SIGNATURE: **Chas Perry Dept. Comm 3**
 23b. ADDRESS: **1300 Clark**
 23c. DATE SIGNED: **4/10/50**

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
---	-----------	------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify): **10**
 24b. DATE: **20 1950**
 24c. NAME OF CEMETERY OR CREMATORY: **Anatomical Board**
 24d. LOCATION (City, town, or county) (State): **St. Louis 10, Mo.**

DATE REC'D BY LOCAL REG. ARR 20 1950	REGISTRAR'S SIGNATURE J. B. Susater	25. FUNERAL DIRECTOR'S NAME AND ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.
---	--	---

19

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
at College of Mortuary Science, Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W. Hemm
Licensed Embalmer No. 13791
P. O. Address St. Louis, Mo

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.