

No. 300
10. 48

FILED MAY 13 1950

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15392

BIRTH MO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1116

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 3026 Shenandoah Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Nursing Home			

3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle)		c. (Last) Hayes		4. DATE OF DEATH (Month) (Day) (Year) 4-30-1950									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 5-14-1900		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY Nil				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William W. Sprague				13b. MOTHER'S MAIDEN NAME Anna Wildberger				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. NO				17. INFORMANT'S SIGNATURE OR NAME William W. Sprague				ADDRESS Catawissa Mo			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breasts with metastasis										INTERVAL BETWEEN ONSET AND DEATH 170X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none											

19a. DATE OF OPERATION Jan 1950		19b. MAJOR FINDINGS OF OPERATION Extensive carcinoma of left breast								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) TC		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Ballwin, Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR							

22. I hereby certify that I attended the deceased from **Apr. 24, 1950**, to **Apr 30, 1950**, that I last saw the deceased alive on **Apr 29, 1950**, and that death occurred at **5:55** m., from the causes and on the date stated above.

23a. SIGNATURE B. R. Loring, MD				23b. ADDRESS Ballwin, Mo				23c. DATE SIGNED 4-30-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-2-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery				24d. LOCATION (City, town, or county) (State) Catawissa Mo			

DATE REC'D BY LOCAL REG. 5-1-50		REGISTRAR'S SIGNATURE Herbert R. Spoke, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Ziegenheim Bros				ADDRESS 6409 Gravois Ave			
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(Licensed Embalmer Statement on Reverse Side)

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

JUL 19 1950

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Robert M. Murray*
Student Embalmer No.....

Licensed Embalmer No. *3749*

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.