

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003; State File No. 24602
5814

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place) 50 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		d. STREET ADDRESS (If rural, give location) 1126 RUTGER	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) CHARLES			JUNE 16 1950			
b. (Middle) (SONNY)						
c. (Last) HAYS JR.						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MARRIED	JAN 7 1930	28	Months	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY
AUTO BODY WORKER		AUTO BODY		MISSOURI		U.S.A.

13a. FATHER'S NAME CHARLES HAYS	13b. MOTHER'S MAIDEN NAME EVELYN HAYS	14. NAME OF HUSBAND OR WIFE EVELYN HAYS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-30-1129	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVELYN HAYS 1126 RUTGER STR.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of 5th Cervical Vertebra		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocardial infarction suffered when he dove by a ledge while swimming at Pelport Beach Jefferson County Missouri around 300 pm June 11 1950		
	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 Accident	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson County Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Day) (Night) June 11 50 p m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 69248

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 2:50 p m., from the causes and on the date stated above.

23a. SIGNATURE Edward C. Taylor	3 (Degree or title)	23b. ADDRESS 1300 Clark Ave	23c. DATE SIGNED 6-17-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUN 19 1950	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
DATE REC'D BY LOCAL REG. JUN 27 1950	REGISTRAR'S SIGNATURE J. B. Basster	25. FUNERAL DIRECTOR'S SIGNATURE Homes Rutes	ADDRESS 2906 Gravois Ave.

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

Ward

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.

Student Embalmer No.

Signed _____

Leaf Biddle

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

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.