

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38595**
Registrar's No. **10201**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 yr.		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			
2. STREET ADDRESS (If rural, give location) 3441 Pine St.			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Hayes c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2nd, 1906	9. AGE (In years last birthday) (Specify) 44	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kennville, Tenn.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joe Hayes	13b. MOTHER'S MAIDEN NAME Mamie Beaumont	14. NAME OF HUSBAND OR WIFE Jessie Mae Hayes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II	16. SOCIAL SECURITY NO. 489-16-6026	17. INFORMANT'S SIGNATURE OR NAME Mamie Simpson
		ADDRESS 3441 Pine St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Undetermined		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 221X

22. I hereby certify that I attended the deceased from **11-19**, 19 **50**, to **11-25**, 19 **50** that I last saw the deceased alive on **11-25**, 19 **50**, and that death occurred at **8:15 p m.**, from the causes and on the date stated above.

23a. SIGNATURE L. W. Harris	(Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 11-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 1st 1950	24c. NAME OF CEMETERY OR CREMATORY Memphis	24d. LOCATION (City, town, or county) (State) Tenn.

DATE REC'D BY LOCAL REG. NOV 30 1950	REGISTRAR'S SIGNATURE L. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE R.M.C. Green	ADDRESS 3517 Laclede
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0291 85



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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 Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

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.