S. No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1950

State File No. 38596 9371

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No. Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2049
d. STREET ADDRESS (If rural, give location): 4 2026 McCausland

3. NAME OF DECEASED (Type or Print)
a. (First): Lulie
b. (Middle): Elizabeth
c. (Last): Hays

4. DATE OF DEATH (Month) (Day) (Year): Nov 2 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 5, ~~1885~~ 1887
9. AGE (In years last birthday): 63 ~~62~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Algiers Indiana
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Isaac Newton Walton
13b. MOTHER'S MAIDEN NAME: Sarah Anna Elkins
14. NAME OF HUSBAND OR WIFE: William Edward Hays

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.: ——
17. INFORMANT'S SIGNATURE OR NAME: William Edward Hays
ADDRESS: 2026 McCausland

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) History of fall at home — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage L. temporal lobe — 6 hrs 30 min
DUE TO (c) Hypertensive Cardiovascular disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Right temporal Skull fracture — 30 hours

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 000
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ? Accident ?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, St Louis MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 1 1950 9 30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Unknown, Evidently a fall

22. *I hereby certify that I attended the deceased from* Nov 1, 1950, *to* Nov 2, 1950, *that I last saw the deceased alive on* Nov 2, 1950, *and that death occurred at* 8 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo L. Hawkins Jr. M.D.
23b. ADDRESS: 607 N. Grand Blvd.
23c. DATE SIGNED: Nov 3, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-50
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
24d. LOCATION (City, town, or county): St Charles Rock Rd (State): Mo

DATE REC'D BY LOCAL REG.: NOV 4 1950
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Bull-Campbell Mortuary Lindell
ADDRESS: 4215 Bl.

(Licensed Embalmer's Statement on Reverse Side)

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

Mil

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 Lex E Campbell

Signed.....
Student Embalmer

Licensed Embalmer No. 3881

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 38596-50
Local Registrar's No. 9371

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of November, 1950, before me appears Wm Edward Hays and ....., who, upon His oath, states that the original record of ~~death~~ birth for Julie Elizabeth Hays died ~~died~~ born Sept. 5, 1950 ~~1888~~, 19....., in the State of ~~Missouri~~ Indiana, and which was filed at St. Louis Mo. on Nov. 3rd, 1950, should be corrected as follows:

Item No. 1 should read Born Sept. 5, 1887
Instead of Sept. 5, 1888

Item No. 9 should read 63
Instead of 62

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William E Hays Husband
Relationship.

2026 McPausland Ave
Present Address.

Subscribed and sworn to before me this 15 day of Nov, 1950

My Commission expires 3-4-53 Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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