S. No. 300
v. 10.48

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42350

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9459

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess 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): Maplewood 4534
d. STREET ADDRESS (If rural, give location): 7423 Lohmeyer Ave.

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

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

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 10 1878

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 0, Days 24 — 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): Valley Park, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: William E. Hanna

13b. MOTHER'S MAIDEN NAME: Elizabeth Rucker

14. NAME OF HUSBAND OR WIFE: Geo. C. 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.

17. INFORMANT'S SIGNATURE OR NAME: Geo. C. Hays — ADDRESS: 7423 Lohmeyer Ave.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Disease
DUE TO (c) b) Fracture Rt Hip — 9 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9 Sept 1950

19b. MAJOR FINDINGS OF OPERATION: Open Reduction.-Smith Petersen Nail

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4208 F

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 7 1950 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: stepped on rock & fell

22. *I hereby certify that I attended the deceased from* Sept 7, 1950, *to* Nov 4, 1950, *that I last saw the deceased alive on* Nov 4, 1950, *and that death occurred at* 7:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Bruin MD

23b. ADDRESS: Maplewood Mo

23c. DATE SIGNED: 11/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11/7/50

24c. NAME OF CEMETERY OR CREMATORY: Manchester ME Cemty

24d. LOCATION (City, town, or county) (State): Manchester Mo.

DATE REC'D BY LOCAL REG.: 11-7-50

REGISTRAR'S SIGNATURE: J. B. Sabaler

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Louis H. Bopp, Inc. Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

9460

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.....Felix Durand.....

Signed:.....
Student Embalmer

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood 22 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.