No. 300
10-48

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43121
State File No.

BIRTH NO. 87468-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3096

1005

1. PLACE OF DEATH F51
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights Clayton
c. LENGTH OF STAY (in this place): 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's 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): Brentwood 4511
d. STREET ADDRESS (If rural, give location): 2506 Cecelia 1

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): EDWARD
c. (Last): HAYS, JR.

4. DATE OF DEATH (Month) (Day) (Year): 12-20-1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 12-18-1950
9. AGE (In years last birthday): If under 1 year: Months; Days 1½. If under 24 hrs.: Hours; Min.

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): St. Louis Co., Mo. 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Kenneth E. Hays, Sr.
13b. MOTHER'S MAIDEN NAME: Paula Stamper
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Kenneth E. Hays, Sr., above

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) Congenital Atelectasis lungs — INTERVAL BETWEEN ONSET AND DEATH: 12/18/50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral — to 12/20/50
DUE TO (c)

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:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 76.22

22. *I hereby certify that I attended the deceased from* 12/18, 1950, *to* 12/20, 1950, *that I last saw the deceased alive on* 12/20, 1950, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Ottmann
23b. ADDRESS: 2816 Sutton Ave
23c. DATE SIGNED: 12/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12-21-1950
24c. NAME OF CEMETERY OR CREMATORY: AuxVasse Cemetery
24d. LOCATION (City, town, or county) (State): Auxvasse, Mo.

DATE REC'D BY LOCAL REG.: 12-22-50
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.
RWR (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Not embalmed

Signed.....

Signed..... Student Embalmer Licensed Embalmer No.....

Address.....

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.