

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10181

State File No. ....

FILED MAR 29 1951

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2517

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ REGISTRAR'S NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST-Louis-M-ISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST, Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3928 Cote Brillante Ave</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nettie</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Hayes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 14 1951</b>
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5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>M Married</b>	8. DATE OF BIRTH <b>9/20/31</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b>14</b> Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Marine Ark /</b>	12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>
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13a. FATHER'S NAME <b>Oliver Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Moore</b>	14. NAME OF HUSBAND OR WIFE <b>John Hayes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Harris</b>	ADDRESS <b>3928 Cote Brill</b>
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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 <b>Undeterm.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculous Meningitis and Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>002X</b>
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22. I hereby certify that I attended the deceased from **3-2-** 19 **51** to **3-14**, 19 **51** that I last saw the deceased alive on **3-14**, 19 **51**, and that death occurred at **9:10am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Alvin J. Thompson D. O.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>3-14-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/17/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Memphis</b>	24d. LOCATION (City, town, or county) (State) <b>Ark</b>
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DATE REC'D BY LOCAL REG. <b>MAR 17 1951</b>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>	ADDRESS <b>4247/w Labadie</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Lawrence E. ...*

Licensed Embalmer No. 4341

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.