No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24698

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5982

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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): St. ~~IXXXX~~ St. Mary's Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199

d. STREET ADDRESS (If rural, give location): 3893 Delmar 0

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

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1951

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 21, 1898
9. AGE (In years last birthday): 52 — 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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Nashville, 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Edward McFall
13b. MOTHER'S MAIDEN NAME: Anna Fort
14. NAME OF HUSBAND OR WIFE: John Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: UNknown
17. INFORMANT'S SIGNATURE OR NAME: Maureen Walker ADDRESS: 5023a Page

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) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
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?

22. *I hereby certify that I attended the deceased from* June 1, 1951, *to* June 30, 1951, *that I last saw the deceased alive on* June 30, 1950, *and that death occurred at* 9.44 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallauge 0
23b. ADDRESS: 2337 Market St.
23c. DATE SIGNED: 7/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 7-6-51
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson's
24d. LOCATION (City, town, or county) (State): Kirkwood, MO

DATE REC'D BY LOCAL REG.: JULY 5 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koance ADDRESS: 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4755

P. O. Address 1222 N Gre

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.