

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43487**
Registrar's No. **11140**

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY OR TOWN St Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3026 PINE ST.		d. STREET ADDRESS (If rural, give location) 21 3026 Pine	

3. NAME OF DECEASED a. (First) WILL (Type or Print)			b. (Middle) HAYES			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11 28 52		
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15-1886		9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 11 Days	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 Minister		11. BIRTHPLACE (City and State or Foreign Country) Hinds County Miss.			12. CITIZEN OF WHAT COUNTRY		

13a. FATHER'S NAME Will Cox Hays			13b. MOTHER'S MAIDEN NAME Anna Johnson			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Matilder Hays ADDRESS 3026 Pine		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 2 Mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X					

22. I hereby certify that I attended the deceased from **9/30, 1951**, to **11/28, 1952**, that I last saw the deceased alive on **11/28, 1952**, and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE W. C. Taylor M.D. (Degree or title)		23b. ADDRESS 3146 a. Laclede Ave. St. Louis		23c. DATE SIGNED 12/1/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St Louis County Mo		
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DATE REC'D BY LOCAL REG. DEC 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Richardson ADDRESS 2625 Glasgow Ave		
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. D. Richards*

Licensed Embalmer No. 2928

P. O. Address 2625 Blaine

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.