

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4136

State File No.

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 0195

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9444 Tudor Avenue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Overland</u> 423X	
		d. STREET ADDRESS (If rural, give location) <u>9444 Tudor Avenue</u> 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>Henry</u> c. (Last) <u>Hayes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 7, 1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lenox Hotel</u>	11. BIRTHPLACE (State or foreign country) <u>Charleston W² Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry F. Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth O. Hayes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>492-12-0084</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth A. Hayes</u> ADDRESS <u>9444-Tudor Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			443X

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2 Dec 1952 to 6 Jan 1953, that I last saw the deceased alive on 6 Jan 1953 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul R. Whitener M.D.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>8923 Midland, St. Louis (14) Mo</u>	23c. DATE SIGNED <u>19 Jan 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Garden</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>Herrick R. Doubo</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Samuel B. ...</u> ADDRESS <u>3504-Woodson Rd-Overland, Mo.</u>
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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 345

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.