

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11667**  
Registrar's No. **3362**

FILED APR 10 1953

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

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3362</b>	
1. PLACE OF DEATH a. COUNTY				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 township) OR <b>ST. LOUIS,</b>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR <b>ST. LOUIS,</b>			<b>2269</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>4028 REAR NO. 11th ST.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MARY</b>	b. (Middle) <b>A.</b>	c. (Last) <b>HAYDEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 29, 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>5/5/1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours
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 (City and State or Foreign Country) <b>NEW YORK N. Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>THOMAS P. HAYDEN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ROBERT L. ALLEN 1721 SACRAMENTO AVE.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis c</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Compensatory arteriosclerosis</b> DUE TO (c) <b>Anemia, Secondary</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND 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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>					
22. I hereby certify that I attended the deceased from <b>Mar 1</b> 19 <b>53</b> , to <b>March 28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>March 28</b> , 19 <b>53</b> , and that death occurred at <b>8:15 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph P. Conroy M.D.</b>				23b. ADDRESS <b>706 Olive St</b>		23c. DATE SIGNED <b>3-30-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/1/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>MAR 30 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>			

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

*Albert Mayfield*

Licensed Embalmer No. \_\_\_\_\_

*3077*

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.