THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26460

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6242

1. PLACE OF DEATH

a. COUNTY ~~St.Louis~~ Mo

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis Mo

c. LENGTH OF STAY (in this place) 2,yrs,3,mo,29 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City,Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo

b. COUNTY

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

d. STREET ADDRESS (If rural, give location) 1316 St.Louis Ave.

2219

26 0

3. NAME OF DECEASED (Type or Print)

a. (First) Minnie

b. (Middle)

c. (Last) Hayes

4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Jan.7,1865

9. AGE (In years last birthday) 88 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Cherrvale,Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ?Michaelson

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs.Loretta Hicks,2110 N. 11th St. ADDRESS

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) Generalized Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterioscleriotic heart disease

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

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? 4200

22. *I hereby certify that I attended the deceased from* 2/20, 1951, *to* 6/20, 1953, *that I last saw the deceased alive on* 6/20, 1953 *and that death occurred at* 6:30PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Palmer Susanne Bowlich M W O

23b. ADDRESS 5800 Arsenal St.

23c. DATE SIGNED 6-21-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-23-53

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

DATE REC'D BY LOCAL REG. JUN 22 1953

REGISTRAR'S SIGNATURE J Carl Smith MD MJB

25. FUNERAL DIRECTOR'S SIGNATURE Albert H.Hoppe,4700 Washington Blvd. ADDRESS

(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 John J. Stacia

Licensed Embalmer No. 4108

P. O. Address.....

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.