

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35444

State File No.

FILED OCT 26 1954

BIRTH NO. 73337-54 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8863

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home G. Phillips		d. STREET ADDRESS (If rural, give location) 26 1737 N. 10th	
3. NAME OF DECEASED (Type or Print) a. (First) Hayes b. (Middle) Hayes c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 9 54	
5. SEX Fem	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 9-8-54
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Arlee Hayes		13b. MOTHER'S MAIDEN NAME Betty Dillard	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary D. Jett, R.R. 12601 N. Whittier	
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) Probable Birth Injury ANTECEDENT CAUSES 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. Term birth, neonatal death	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/2	
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? 7600		22. I hereby certify that I attended the deceased from 9-8- , 19 54 , to 9-9- , 19 54 , that I last saw the deceased alive on 9-9- , 19 54 , and that death occurred at 2:35a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) William H. Sunkler, M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 9-23-54		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 9-30-54		24c. NAME OF CEMETERY OR CREMATORY Anatomical Boars	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service	
DATE REC'D BY LOCAL REG. SEP 30 1954		REGISTRAR'S SIGNATURE Charles Smith	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.