

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14123

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 918

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) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Leinloch</u>	
c. LENGTH OF STAY (In this place) <u>DOA</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. County Hospital</u>		STREET ADDRESS (If rural, give location) <u>455 Lehogue Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ABE</u>	b. (Middle)	c. (Last) <u>HAYES</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 19 1955</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10 - 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Portland Cement Label Providence, R.I.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Leanne</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Hayes</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>487-14-3495</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Hayes 2733 Leann</u>
---	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Hepatoma - Hemo peritoneum.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse Hepatic Fibrosis (Laennec)</u> DUE TO (c) <u>Destructive Process T12 Myeloma?</u>		
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 <u>1561</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 3-7-1955 to 3-24-1955, that I last saw the deceased alive on 4-19-1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack L. Hayes, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clinton 5 Mo</u>	23c. DATE SIGNED <u>4-19-55</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>April 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4/20/55</u>	REGISTRAR'S SIGNATURE <u>Rebecca Lombardi</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. Louce 1221 N Grand</u>
---	---	---

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.....
Signature of Student Embalmer

Signed *Gupton Swan*

Licensed Embalmer No. *450*

P. O. Address *1721 N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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