

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 29 1956

State File No. **5424**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CENTRAL 1 MO		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CASTLE ACRE NURSING HOME		e. STREET ADDRESS (If rural, give location) 9346 Felham St. Louis, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) G. c. (Last) HAYES			4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1956		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 16 1870		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 19 Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pipe Fitter			10b. KIND OF BUSINESS OR INDUSTRY PHUMAINC			11. BIRTHPLACE (City and State or Foreign Country) Marshall Mich.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Leomia Hayes			13b. MOTHER'S MAIDEN NAME Mary McCary			14. NAME OF HUSBAND OR WIFE Mary Hayes Deane		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-12-9220		17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Cushing		ADDRESS 9346 Felham St. Louis, Mo.	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocardial deg.				INTERVAL BETWEEN ONSET AND DEATH years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio-sclerosis				years	
		DUE TO (c) _____					
		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				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) m.		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 **Jan 11, 1956**, to **Jan 23, 1956**, that I last saw the deceased alive on **Jan 23, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter W. Neffmister M.D.		23b. ADDRESS Robert 67 Mo.		23c. DATE SIGNED Feb 6, 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/9/56		24c. NAME OF CEMETERY OR CREMATORY Yakalla		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
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DATE REC'D BY LOCAL REG. 2-10-56		REGISTRAR'S SIGNATURE Kathleen Dranden		141-8		25. FUNERAL DIRECTOR'S SIGNATURE JOHN H GERKEN SONS		ADDRESS 2628 GRAVOIS ST. LOUIS, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 21 1956

FEB 29 1956

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 *Samuel J. Mahru*

Licensed Embalmer No. *43*

P. O. Address *W. B. ...*

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.