

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6602

State File No. ....

1518

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. ....		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY _____				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 and give town) <u>St. Louis, Missouri</u>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Clayton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>320 North Central Avenue</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>			b. (Middle) <u>E</u>		c. (Last) <u>Hayden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>January 22, 1905</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Professor of Child Welfare</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Welfare-Washington Univ.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Paul, Minnesota</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Nels S. Hayden</u>			13b. MOTHER'S MAIDEN NAME <u>Anna M. Sandberg</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude E. Hayden</u>						ADDRESS <u>305 Edmund Ave. St. Paul, Minn</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>  </u> <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of breast &amp; metastases (Carcinoma of breast with metastases)</u>										
ANTECEDENT CAUSES DUE TO (a) _____ <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____										
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>										
19a. DATE OF OPERATION <u>  </u>		19b. MAJOR FINDINGS OF OPERATION <u>  </u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>  </u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>  </u>						
22. I hereby certify that I attended the deceased from <u>February 5 1956</u> , to <u>February 11 1956</u> , that I last saw the deceased alive on <u>February 11 1956</u> , and that death occurred at <u>4:15a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>F. R. Bradley</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>2/11/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>2-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>FEB 14 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons 7233 Delmar Blv'd.</u>					

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *386*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.