No. 300
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Reg.12259
SL-1689

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6603

State File No.

FILED FEB 17 1956

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1224

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand,St.Louis, Mo.
c. LENGTH OF STAY (in this place): 87 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 14 5209 PERNOD 2149

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): W.
c. (Last): HAYES

4. DATE OF DEATH (Month) (Day) (Year): 2-3-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-16-1900
9. AGE (In years last birthday): 55 — 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): Ass't. Purchasing Agent
10b. KIND OF BUSINESS OR INDUSTRY: Nat'l. Lead Co.
11. BIRTHPLACE (City and State or Foreign Country): Pittsburg, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harry Hayes
13b. MOTHER'S MAIDEN NAME: Margaret Hollinger
14. NAME OF HUSBAND/OR WIFE: Florence L. Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 492-05-6949
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp.Records,915 N.Grand,St.Louis,Mo.

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) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: Approximately 3 days

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) 491XH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Pancreatic Fibrosis; History of Malignant Lymphoma, treated with irradiation — Undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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?

22. *I hereby certify that I attended the deceased from* 11-8-55, *19*__, *to* 2-3-56, *19*__, ~~[illegible]~~ ~~[illegible]~~, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.T. Kaminskas (Degree or title) M.D.
23b. ADDRESS: VA Hospital 915 N.Grand,St.Louis, Mo.
23c. DATE SIGNED: 2-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb.6,1956
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: FEB 4 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
acm
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Kriegshauser 4228 S.Kingshighway Bl.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 429

P. O. Address 422 Sterling

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.