

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39459**
Registrar's No. **10451**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **St. Louis** b. COUNTY **St. Louis**

b. CITY OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo Pacific Hosp**

e. STREET ADDRESS (If rural, give location) **8101 South Broadway**

3. NAME OF DECEASED
a. (First) **Leona** b. (Middle) **Adel** c. (Last) **Hayes**

4. DATE OF DEATH (Month) (Day) (Year) **11 13 56**

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **12-31-1897**

9. AGE (In years last birthday) **58** 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) **employee stationer**

10b. KIND OF BUSINESS OR INDUSTRY **See previous**

11. BIRTHPLACE (City and State or Foreign Country) **CORNING ARK**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **R Rice**

13b. MOTHER'S MAIDEN NAME **DORA WILLIAMS**

14. NAME OF HUSBAND OR WIFE **ALBERT ROSS HAYES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) **No** (If yes, give date of service)

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) **R.R. HAYES 507 W. Woodbine**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Myocardial infarction, Ch.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.
592x 61K 2nd June 1956

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Uremia

20. AUTOPSY? YES 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 **11-12-1956** to **11-13-1956** that I last saw the deceased alive on **11-13-1956**, and that death occurred at **11:50 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (In case of 1140) **Charles H. Jones, M.D.**

23b. ADDRESS **1755 S. Grand**

23c. DATE SIGNED **11/14/56**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **11/16/56**

24c. NAME OF CEMETERY OR CREMATORY **PAK HILL**

24d. LOCATION (City, town, or county) (State) **W. GROVES, Mo**

DATE REC'D BY LOCAL REG. **NOV 15 1956**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) **FENDLER UND Co. 742 Michigan**

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 *W. G. Peterson*.....

Licensed Embalmer No. *316*.....

P. O. Address *7420 Main*.....

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.