FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10386

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2377

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital Length of stay in 1b 16 2/29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri.
b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 4948 McPherson Ave., Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Charles Middle Arthur Last Hayes

4. DATE OF DEATH Month March Day 9 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH February 17, 1895

9. AGE (In years last birthday) 62 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) Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY Union Electric

11. BIRTHPLACE (City and state or country) Alton, Illinois

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

13. FATHER'S NAME Unknown Hayes

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO. 493-05-1314

17. INFORMANT Lucille Hayes, Address 4948 McPherson Avenue.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSE BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 5 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331K

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 3, to March 8 and last saw her/him alive on March 8. Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Richard Graeser (Degree or title) M.D.

22b. ADDRESS 968 Arcade Bldg. St Louis

22c. DATE SIGNED 3/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-10-57

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) (State) Elsberry, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG. MAR 9 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public h Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Denne

Licensed Embalmer No. 41

P. O. Address St. Lou

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