

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33610**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7799**

1. PLACE OF DEATH
a. COUNTY _____

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **Life**

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 **Homer Phillips Hospital**

e. STREET ADDRESS (If rural, give location) **2227 02225 Market St.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Theodore** b. (Middle) **R.** c. (Last) **Hayward**

4. DATE OF DEATH (Month) (Day) (Year) **Aug. 17, 1957**

5. SEX **Male**

6. COLOR OR RACE **Negro**

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

8. DATE OF BIRTH **Nov. 9, 1908**

9. AGE (In years last birthday) **48**
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) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **City Refuge**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

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

13a. FATHER'S NAME **Larry Hayward**

13b. MOTHER'S MAIDEN NAME **Sarah Walker**

14. NAME OF HUSBAND OR WIFE **-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **W.W.#2**

16. SOCIAL SECURITY NO. **--**

17. INFORMANT'S SIGNATURE OR NAME **James Pendleton** ADDRESS **3225 Leclade Ave.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Massive intra-cranial hemorrhage (subdural hematoma; Linear skull fracture; suffered when struck with stick in hands of one Cornett Barnett, in front of about #6 No. 23rd St., about 2:20 P.M. Aug. 17, 1957.**
INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____
DUE TO (c) _____
HOMICIDE
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 **E983x**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **homicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **see above**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis, Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **8/17/57 2:20P**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **see above**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:50P** on _____, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **8-20-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **8-23-57**

24c. NAME OF CEMETERY OR CREMATORY **National Cemetery**

24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **8-20-57**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Cunningham & Moore, Inc. 2405 Marcus Ave.**

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.....
John K. Cunningham

Licensed Embalmer No. 447

P. O. Address 2405 Maryland

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.