

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **45900**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **12472**

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) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs.		e. FULL NAME OF HOSPITAL OR INSTITUTION 5103 Terry Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5103 Terry Avenue		STREET ADDRESS (If rural, give location) 5103 Terry Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) c. (Last) HAYES		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 20, 1898
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State or Foreign Country) / Lexington, Mississippi
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Anthony Hayes	
13b. MOTHER'S MAIDEN NAME Lucinda Blandin		14. NAME OF HUSBAND OR WIFE Mary Daisy Hayes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --		16. SOCIAL SECURITY NO. 490-36-3986	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary D. Hayes 5103 Terry 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Carcinoma of Lungs Metastatic <i>Approx 1 yr</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Carcinoma of Stomach <i>Approx 3 yrs</i>	
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.		151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 15, 1957 to Dec. 21, 1957 , that I last saw the deceased alive on Dec. 21, 1957 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. Newton Jenkins M.D.		23b. ADDRESS 3507 Franklin Ave. St. Louis	23c. DATE SIGNED 12-26-57
24a. BURIAL (CREMATION, REMOVAL) (Specify) Removal	24b. DATE 12/28/57	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. DEC 27 57	REGISTRAR'S SIGNATURE Charles J. Gates	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney

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 *Taylor Swan*

Licensed Embalmer No. **4580**

P. O. Address **4107 Finney A**

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.