FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3967

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wellston — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6324 Isabella Av. — Length of stay in 1b 53 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Wellston 4301 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6324 Isabella Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Elizabeth Middle Katherine Last Hayes

4. DATE OF DEATH: Month 1 Day 21 Year 58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Nov. 26, 1866
9. AGE (In years last birthday) 91 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Davenport, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown Bleudorn
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Edward A. Hayes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Marguerite Mehrtens Address 6324 Isabella Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis (Hypertension) Heart Disease 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis – Cerebrovascular Disease
DUE TO (c) Gangrene left leg & foot
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 Oct 1957, to Jan 21 1958 and last saw her/him alive on Jan 21 1958.
Death occurred at 10:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Ferrara (Degree or title) MD
22b. ADDRESS 7307 Natural Bridge
22c. DATE SIGNED 1/23/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 1/25/58
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union
25. DATE RECD. BY LOCAL REG. 1-23-58
26. REGISTRAR'S SIGNATURE Herbert R Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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Dr. John P. Ferrara
7307 Natural Bridge
Ev. 1-9605
Hrs. 1-3 Thurs.

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.