

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-007321  
STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

620

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Glendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 27 11 Glen Haven		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last NANCY BETH HAYWARD			4. DATE OF DEATH Month Day Year January 16th, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1957	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min. 17 days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert G. Hayward		13b. MOTHER'S MAIDEN NAME Bara		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address Robert G. Hayward 11 Glen Haven		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diarrhea & Dehydration DUE TO (c) Brain Hemorrhage Left.					INTERVAL BETWEEN ONSET AND DEATH 11th to 16th
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 11 - 58 to Jan 16 - 58 and last saw her alive on Jan 16 - 58 Death occurred at 4:45 pm Jan 16 - 58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph A. Cook M.D.			22b. ADDRESS 508 N. Grand		22c. DATE SIGNED Jan 17 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/18/58	23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. JAN 17 58		26. REGISTRAR'S SIGNATURE Carl Smith MD m 83	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Jelerson 3-8411,  
Hours 2 to 5 PM

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 *Arnold W. Schoene* .....

Licensed Embalmer No. *3864* .....  
P. O. Address *St. Louis, Mo.*

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.