

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003037

STATE FILE NUMBER

115

32
FILED JAN 26 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
-57
28
112
5
0

1. PLACE OF DEATH a. COUNTY St. Louis Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips	Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) 4132 Cozins	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Samuel Middle Hayes Last Hayes	4. DATE OF DEATH Month January Day 7 Year 1959
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5. SEX M.	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11 March 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sugarlock Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Levie Hayes	13b. MOTHER'S MAIDEN NAME Savannah ? Hayes	14. NAME OF HUSBAND OR WIFE Mrs Beulah Hayes
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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. ?	17. INFORMANT Mrs Beulah Hayes Address 4132 Cozins
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18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive subdural Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Occurred when struck with pipe in hands of one Leo	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. TYPE OF INJURY Blow	20b. DESCRIBE HOW INJURY OCCURRED. (Enter only injury in PART II of item 18.) Home at 4305 St Louis Ave., about 500 feet, December 31, 1958.
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20c. TIME OF INJURY 5:00 p.m. 12 31 58	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, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY	STATE
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21. I attended the deceased from _____ and last saw her/him alive on _____ Depth occurred at 6:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman J. Smith	22b. ADDRESS 1260 Clair	22c. DATE SIGNED 1/5 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/8/58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town) or county St. Louis County Mo.
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24. FUNERAL DIRECTOR Herman J. Smith	ADDRESS 4247/w Labadie	25. DATE RECD. BY LOCAL REG. JAN 6 '59	26. REGISTRAR'S SIGNATURE H. C. Smith
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. W. Claude, L. Embalmer*

Licensed Embalmer No. *3489*

P. O. Address *4575 Allen*

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.