

S. No. 2
OM-5-43
v. 5-17-39
P 1 X36671

19088

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 3 1944
Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 1210

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5512 Brandage (Bramlage)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Russellville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Andrew Hayter

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1944 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Sarah English Hayter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17 1871
(Month) (Day) (Year)

Immediate cause of death Cornary Thrombosis Duration 5 min

8. AGE: Years Months Days If less than one day
72 7 14 _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: _____
Of operations none
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Thomas J. Hayter

13. Birthplace California Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Unknown

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Clint

(b) Address 5512 Brandage Ave

17. (a) Burial (b) Date thereof June 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No. Kingshighway

19. (a) JUN 1 - 1944 (b) E. J. Mc Gowan, M.D.
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Lonsant (M. D. or other) MD
Address 607 W. Lonsant Date signed 5/31/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Wilkinson*
Licensed Embalmer No..... *2575*
P. O. Address.....

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 this body is not embalmed, fact should be so stated above.