

ST 1 1930

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
 BUFAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis County  
 Township Bentley  
 City St. Vincent's Sanitarium

Registration District No. 789  
 Primary Registration District No. 6033B  
 (No. St. Vincent's Sanitarium)

File No. 27837  
 Registered No. 243  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Harriet L. Haynes

(a) Residence. No. 4215 McPherson St. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John I. Haynes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 " 8 21 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Helary  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 12. MAIDEN NAME OF MOTHER Jelbina Huguenot  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT Sister Raphael, Supt.,  
 (Address) St. Vincent's Sanitarium

15. FILED 8/30 1930 Rolla Dracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Aug 19, 1930 (that I last saw him alive on Aug 8, 1930, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
930 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
5 1/2

CONTRIBUTORY Paranoia (SECONDARY) (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Eugene J. O'Reilly, M. D.

Aug 19, 1930 (Address) McPherson St. St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL to cemetery DATE OF BURIAL 8-21 1930

20. UNDERTAKER Arthur J. O'Connell ADDRESS 2039 Wash St

Plotter