

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10648

**1. PLACE OF DEATH**

County..... Registration District No. 4757 10023  
Township..... Primary Registration District No. 2105  
City St. Louis (No. 2105 Clend St)

File No.....  
Registered No. 2739  
St. .... Ward)

**2. FULL NAME**

Marie Ethel Haystorn

(a) Residence, No. .... St., 21 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. ds. 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 words) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Haystorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Paul Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Charles Haystorn  
2105 Clend St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3-22-32

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undert Co  
2038 Wash St

20. FILED 19 21 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1932

22. I HEREBY CERTIFY that I attended deceased from March 15 1932, to March 20 1932

I last saw him alive on March 19 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset Mar 14-32

Other contributory causes of importance: 108 108 108 108

Name of operation..... Date of.....  
What test confirmed diagnosis Aspiral Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) J. M. D. Lewis, M. D.  
(Address) 1446 S. Grand

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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