

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

16
30

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Enroute to Hosp #2)

File No. 4406
Registered No. 11318
St. Ward)

2. FULL NAME

David Haynes
(a) Residence, No. 813 O'Fallon St. 25 Ward.

(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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1890.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 46

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) MO. 1

FATHER
13. NAME Un known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known?

MOTHER
15. MAIDEN NAME Un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT Harold Shultz Dep. Cor. Coroner's Court Bldg

18. BURIAL, CREMATION, OR REMOVAL City Cemetery DATE 10-16-1936

19. UNDERTAKER Wm C. McDowell (ADDRESS) 3506 Franklin Ave

20. FILED NOV 13 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH
no physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.....

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis.

Other contributory causes of importance: gpc

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

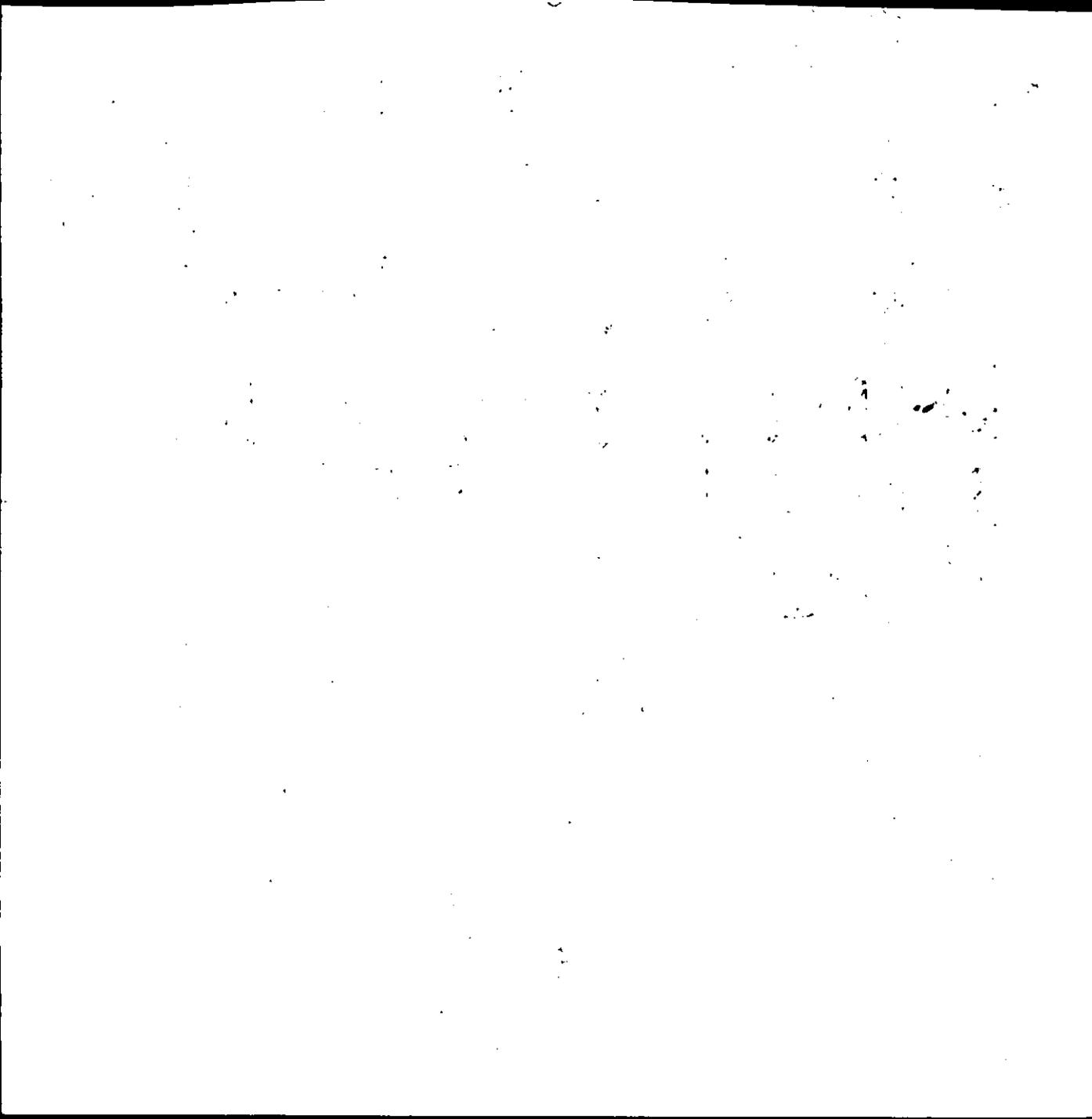
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) [Signature] M. D.

(Address) [Address]

11/13/36



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis No. Enroute to Hosp #2 St. Ward)

File No.....
 Registered No. 11318

2. FULL NAME

(a) Residence, No. 8130 Fallon 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1890
 7. AGE YEARS 46 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
 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).....

FATHER
 13. NAME.....

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

MOTHER
 15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL
 PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED 7 18 35 19.....
J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed)....., M. D.
 (Address).....

S-4406

RECEIVED