

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH *St. Louis*

County *Jennings, Mo.*

Registration District No. *784*

File No. *21250*

Township *St. Ferdinand*

Primary Registration District No. *6030*

Registered No. *90*

City *Jennings, Mo.* (No. *2547*)

Ada Ave.

St. _____ Ward _____

2. FULL NAME *Martha Haynes*

(a) Residence, No. *1820 Warren St.* 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 1-37* 19*37*

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

22. I HEREBY CERTIFY that I attended deceased from *Feb. 19 37* to *May 1 37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 31-1884*

I last saw him alive on *May 1 37* 19*37* Death is said to have occurred on the date stated above, at *3:40* PM.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *35 53 1 0*

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

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. *Housewife*

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

Left side of brain injured involving right side of brain

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

Date of onset *5-1-37*

13. NAME *August Grutzner*

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

Other contributory causes of importance: *Hypertension (chr.)*

15. MAIDEN NAME *Unknown*

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

Name of operation *None* Date of _____

17. INFORMANT *Guy Haynes* *1820 Warren St.*

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters* DATE *5-5-37* 19*37*

19. UNDERTAKER *Henry Leichter* *1417 N. Market St.*

20. FILED *May 5 1937* *W. A. Zeitler* Registrar. *Paul B. Smith*

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) *W. A. Zeitler* M. D.

(Address) *5738 W. Flinn*

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.

WITH ORIGINAL RECORDS

Mr. Corwin

2/18/87