

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

29423
Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **8056**
29 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Frances Haley**

(a) Residence, No. **5018 Minerva** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Chas. G. Haley**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25 1883**
7. AGE YEARS **54** MONTHS **1** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **House Wife**
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) **Jackson Miss.**

13. NAME **James Branam**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss Georgia**

15. MAIDEN NAME **Margherita Hundley**

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

17. INFORMANT (ADDRESS) **Chas. G. Haley 5018 Minerva**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **8/28/37**

19. FUNERAL DIRECTOR (ADDRESS) **W.A. Stock Und. Co. 2117 East Grand**

20. FILE **AUG 27 1937** **J. Predecky** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 26 37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1**, 19**37**, to **Aug 26**, 19**37**
I last saw him alive on **Aug 25**, 19**37**. Death is said to have occurred on the date stated above, at **4:30 A.M.** m.

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

Acute Nephritis and Acute Hepatitis caused by infection from operation of Intestine suppression of urine - 11 Bile
Date of onset **Aug 12-37**

Other contributory causes of importance: **Removal of Gall Bladder**

Name of operation **Removal of Gall Bladder** Date of **Aug 23**
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 **1**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **T. J. Kump**, M. D.
(Address) **126-37 45-03 Washington**

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

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.

899
2082

1 X12004

4503
Moore
L. E.
No. 11

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

— L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

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.)