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

24102
Do not use this space.

REG'D AUG 12 1938

9

Registration District No. 701

Primary Registration District No. 1003

Registered No. 9629

1. PLACE OF DEATH
(a) County
(b) Township
(c) City ST. LOUIS MISSOURI (d) Street No. 1796 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE HALEY
(a) Residence, No. 3332 LAWTON AVE St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: COLORED
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) Dec. 17, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
9. Industry or business in which work was done, as 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) Marianna, ARKANSAS

FATHER
13. NAME William Haley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

MOTHER
15. MAIDEN NAME VINA DORSEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DALLAS, TEXAS

17. INFORMANT Gus Haley
(ADDRESS) 3332 LAWTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Cem. DATE 8-1-1938, 19

19. FUNERAL DIRECTOR Pinkney L. Toney
(ADDRESS) 3129 Lucas Ave

20. FILED JUL 29 1938 J. F. Bulach
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1938, to 7-27, 1938
I last saw him alive on 7-27, 1938. Death is said to have occurred on the date stated above, at 8:38 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-19-38

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) LeRoy Lockhart, M. D.
(Address) 1003 Glasgow Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3371

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.)