DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34206

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 8744

**1. PLACE OF DEATH:**

(a) County 2

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2213A BENTON ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community UNKNOWN
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 1

(c) City or town ST. LOUIS 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2213A BENTON ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ARTHUR HAYWOOD 30

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDELLA HAYWOOD

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased JUNE 23, 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 | 3 | 20 | hr. min. |

9. Birthplace SPRINGFIELD (City, town, or county) MASS. (State or foreign country)

10. Usual occupation COMMON LABORER

11. Industry or business

FATHER
12. Name JOB HAYWOOD
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ALICE COBB
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant's own signature Idella Haywood
(b) Address 2213A BENTON ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 16, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 ST. LOUIS AVE

19. (a) OCT 13 1939 (Date received local registrar) (b) J. F. Bachart (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct 13 day
year 1939 hour 3 minute 3-10 A M.

21. I hereby certify that I attended the deceased from Oct 9, 1939, to Oct 12, 1939;
that I last saw h— alive on Oct 12, 1939
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chr Myocarditis | |
| Due to: Gastro-enteritis | |
| Due to: Undetermined cause | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~) 1
Address 2342 St Louis Av Date signed 10/13/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**