

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33097

Registration District No. 10184

Primary Registration District No. 200

Registrar's No. 1846

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Roch Koch Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 8 mos.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 921 1/2 Rear North 8th.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Excel Haynes

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rufus Haynes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28 1906  
(Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Jesse Bates

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Jackson

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp Record  
(b) Address Koch, Mo.

17. (a) Burial (b) Date thereof 10-1-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director U. K. Beal and Co  
(b) Address 2726 Lucas Ave

19. (a) OCT 1 1940 (b) D. K. Meyers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from January 15th, 1936 to Sept 26, 1940  
that I last saw her alive on Sept 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 5 yrs.

Due to \_\_\_\_\_  
Due to 2/3 10 mos.

Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature Paul W. Hays (M. D. or other) 1  
Address Koch, Mo. Date signed 9-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 Birdie Beal Anderson

Licensed Embalmer No. 2929

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.**