

No. 2
4-14-40
-17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33953
8650

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. _____

NOV 16 1940

1. PLACE OF BIRTH: **St Louis**
(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G Philips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **27** years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **James Haynes**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
7. (b) Name of husband or wife **Deceased** (c) Age of husband or wife if alive **none** years
7. Birth date of deceased **Not known** (Month) (Day) (Year) **1866**

8. AGE: **74** Years Months Days If less than one day
hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business **Carpenter**

12. Name **Unknown**

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

14. Maiden name **Anna Miller**

15. Birthplace **Not known** (City, town, or county) (State or foreign country) **Miss**

16. (a) Informant **Maggie Hewitt**

(b) Address **3009 Vine Grove**

17. (a) **Burial** (b) Date thereof **10-21-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home**

18. (a) Signature of funeral director **J W Hughes**

(b) Address **2620 Lawton**

19. (a) **OCT 21 1940** (b) **J. F. Gidycz** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis** **21**
(If outside city or town limits, write "RURAL")
0 **2007 Market St.**
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18th**
year **1940** hour **9:57** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Commenced fracture of rt humerus; arteriosclerosis pulled in fall to floor at his home 2007th Market St Oct 5 1940 about 8:00 P.M.**

Due to **W**

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Oct 5 1940**

(c) Where did injury occur? **St. Louis Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **2nd On home**

While at work? _____ (Specify type of place) _____ (Specify type of place) _____ (Specify type of place)

23. Signature **Alfred Perry** (M. D. or other)

Address **Slippery Rock** Date signed **10/19/40**

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 me
Clark Perry Registered Apprentice No. _____
working under my personal supervision.

Signed Clark Perry

Licensed Embalmer No. 3374

P. O. Address St. Louis

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, fact should be so stated above.