

FILED NOV 21 1941 91

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **DePaul 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Pulaski**  
(c) City or town **Grand Chain**  
(If outside city or town limits, write "RURAL") **Rural**  
(d) Street No. \_\_\_\_\_  
(If rural, give location) **2 NR**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18**  
year **1941** hour \_\_\_\_\_ minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from **Sept 7 P.M.**  
19 **41** to **Oct 13** 19 **41**  
that I last saw him alive on **Oct 13** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Malaria fever -**  
**Coronary type**  
Due to \_\_\_\_\_  
Duration **4 months**

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)  
Major findings:  
Of operations **of look at L. coronary**  
Of autopsy **severe infection**  
**of malaria fever**  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **F. B. J. Ferguson** (M. D. or other)  
Address **Humboldt Bldg** Date signed **Oct 15/41**

3. (a) PRINT FULL NAME **Christine Haynes**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **A. H. Haynes** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **February 12 1906**  
(Month) (Day) (Year)

8. AGE: Years **35** Months **8** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

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

12. Name **Peter Loomis**

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

14. Maiden name **Nellie Hattoon**

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

16. (a) Informant **J. A. Haynes**

(b) Address **Grand Chain, Illinois**

17. (a) **Removal** (b) Date thereof **Oct. 15, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cairo, Illinois**

18. (a) Signature of funeral director **C. Hoffmeister A & Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 15 1941** (b) **J. F. Brudeck**  
(Date received by registrar) (Registrar's signature)

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

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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 Harry J Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lemay Ferry

**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.**