

FILED FEB 24 1942

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

699

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 5 days
In this community Unknown
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3625 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME Jerry Haste

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

4. Sex Male 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 12, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 8 hr. min.

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

10. Usual occupation Nil.

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Haste

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

14. Maiden name Harriett Wade

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

16. (a) Informant Elmora Brown

(b) Address 1842 Zwingley Indianapolis Ind.

17. (a) Burial (b) Date thereof Jan. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Wright, s. Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) JAN 22 1942 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20,
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 15,
1941 to January 20, 1942;
that I last saw him alive on January 20, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertension
Hypertensive Heart Disease Unk.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 J. W. Johnson (M. D. or other)
Address 2601 W. H. H. Ave. Date signed 1/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed: William C. McDowell

Licensed Embalmer No. 2114

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, fact should be so stated above.