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S. No. 2
M—5-42
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed OCT 28 1942

Registration District No. 378

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32021

Primary Registration District No. 1003

Registrar's No. 8568

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 12

(a) State Missouri. (b) County

(c) City or town Saint Louis, 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3413 Indiana Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grier Charles Hayner

3. (b) If veteran, name war

3. (c) Social Security No. 499-01-9082.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Anna Hayner

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 10th, (Day) 1886 (Year)

8. AGE: Years 56 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Charles W. Hayner
13. Birthplace Unknown (City, town, or county) Michigan 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Anna Hayner
(b) Address 3413 Indiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17th, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Siegenheim Bros.
(b) Address 6409 Gravois Ave.

19. (a) OCT 15 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14, year 1942 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from September 16, 1942, to October 14, 1942 that I last saw him alive on October 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE LARYNX

Due to

Due to

Other conditions LUNG ABSCESS (RIGHT LOWER LUNG LOBE
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy LARGE CA OF LARYNX, CARCINOMATOSIS OF NECK

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. J. O'Neil (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 10/14/42

(Licensed Embalmer's Statement on Reverse Side)

DO 3521

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: V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.