

FILED MAR 15 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2124

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 day 6 hrs.
(Specify whether
In this community..... 12 years
years, months or days)

3. (a) PRINT FULL NAME Etta Haynes

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race C
6. (a) ~~Single, widowed, married,~~ divorced 3
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 11 16 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 16 ..hr.min.

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

10. Usual occupation..... Maid

11. Industry or business.....

MOTHER FATHER
12. Name..... James Haynes
13. Birthplace..... Ark (City, town, or county) (State or foreign country)
14. Maiden name..... Missie Greenleaf
15. Birthplace..... Ark (City, town, or county) (State or foreign country)

16. (a) Informant..... Willie Haynes

(b) Address..... 4319 St. Louis

17. (a) Burial (b) Date thereof..... 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Cem

18. (a) Signature of funeral director..... J. F. Smith

(b) Address..... 4247 W. 1st St.

19. (a) MAR 5 1943 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No..... 2919 Lambdin (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2,
year 1943 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 1,
..... 19 43 March 2, 19 43
that I last saw her alive on March 2, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myoma Uterus (Autopsy)
Duration Unk.

Due to.....

Due to..... 56

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).....
(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..... S. E. Smith (M. D. or other)
Address..... 2601 Whittier Date signed 3/2/43

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.