S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8374

FILED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1006

Registrar's No. 2236

1. PLACE OF DEATH:

(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:
Enroute To City Hospital 3
(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 Mo. (b) County St. Francois 94

(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Francis Burl Hayness

3. (b) If veteran, name war

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 27 (Day) 1911 (Year)

8. AGE: Years 31 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Leo Francis Hayness
13. Birthplace Farmington (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Genevie Smith
15. Birthplace Farmington (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Leo Hayness
(b) Address 8901 Boston St. St. Louis County

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

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

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Entered Hemorrhage and Shock following Traumatic Amputation of Left arm. When he was struck by a M.K.-T. Train Manned by on Cornelius Dowdy Eng.

Due to George Humphrey Fireman about 500 feet South of Doodridge Street on the M.K.T. Railroad yards about 12 am of 3-6-43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 169

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) Accident

(b) Date of occurrence 3-6-43

(c) Where did injury occur? St Louis (City or town) 000 (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? yes (e) Means of injury Train

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

Address Ruffus Corona Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 2053

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.