

MAY 27 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4462**

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:
6712 Michigan ave. /
(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)

3. (a) PRINT FULL NAME **ODILE HAINES**

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 **Single**

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

7. Birth date of deceased **July 25 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 17 ..hr. ..min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **William F. Haines**

13. Birthplace **Buffalo New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Abbie Kennerly**

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

16. (a) Informant **E. S. Barnard**
(b) Address **6712 Michigan ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 18, 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U.A.L.O.**

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

19. (a) **MAY 13 1943** (Date received local registry) **J. F. Brudeck** (Registrar's signature)

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. **6712 Michigan ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**
year **1943** hour **5** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **May 7** 19**43** to **May 12** 19**43**
that I last saw her alive on **May 12** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **coronary occlusion**

Due to..... **GH**

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 **E. S. Barnard** (M. D. or other) Address **6929 Unger** Date signed **5/12/43**

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

MOTHER, FATHER

Dr. Mc Brinkley

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.....

John Ketter

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No.....

3880

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.