

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Register District No. JUN 7 1943 17

Primary Registration District No. 6076

Registrar's No. 1307

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincent's Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 yrs 7 mos  
(Specify whether years, months or days)

In this community 39 yrs 7 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss. or Louisiana (b) County ...

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

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ...

3. (a) PRINT FULL NAME Mrs. Jennie Hayne

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1943 hour 6 minute 45 p.m.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.E. Hayne

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

7. Birth date of deceased ?  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November  
1939 to June 2 1943  
that I last saw her alive on June 1 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>About 82</u>	<u>?</u>	<u>?</u>	<u>hr. min.</u>

Immediate cause of death Arterio-sclerotic cardiac failure Duration 10 yrs

Due to senile arterio-sclerosis 20 yrs

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

Other conditions Decubitus - gangrene of L. foot  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business ...

MOTHER FATHER {

12. Name Honore Morancy

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Mary Barr

15. Birthplace Not known (City, town, or county) (State or foreign country)

Major findings: ...

Of operations ...

Of autopsy ...

16. (a) Informant Lt. Col. Hayne

(b) Address Washington D.C.

17. (a) Removal Removal (Burial, cremation, or removal)

(b) Date thereof June 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Miss.

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? ...

18. (a) Signature of funeral director Cullen + Kelly

(b) Address 1416 N. Taylor St. St. Louis

19. (a) 6-4-43 (Date received local registrar)

(b) E. M. Carson M.D. (Registrar's signature)

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

23. Signature F.E. Kupstchik (M. D. or other)

Address 9720 Washington Date signed 6/2/43

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

FEB 27 1946

---

---

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 *James A. Lammer*  
Licensed Embalmer No. *4142*  
P. O. Address *St Louis*

**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.