

LED AUG 7 1943 218

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Memorial Home 5  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
50 years (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2609 S. Grand Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Marian Haley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude E. Haley 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 6, 1866.  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>77</u>	<u>6</u>	<u>22</u>	hr. min.

9. Birthplace London England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Randolph Hale

13. Birthplace England 4  
(State or foreign country)

14. Maiden name Elizabeth Heunech

15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. S. Shaw

(b) Address 2609 S. Grand Ave.

17. (a) Burial (b) Date thereof July 30, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) JUL 29 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
 year 1943 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from July 26  
 1943 to July 28 1943  
 that I last saw her alive on July 26 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration several months

Due to.....

Due to.....

Other conditions 10/12/10  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration several months

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)  
 Means of injury.....

23. Signature Robert S. [Signature] (M. D. or other) MD  
 Address 3201 [Address] Date signed 7-28-43

447

**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 *Philip M. Lewis*.....

Licensed Embalmer No. *3281*.....

P. O. Address *4468 Washington*.....

**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.**