S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1944

Registration District No. 318

Primary Registration District No. 1003

State File No. 5186

Registrar's No. 2110

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: 5723 Michigan Avenue, /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5723 Michigan Avenue
(If rural, give location)

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

If yes, name country d

3. (a) PRINT FULL NAME JAMES HAINSWORTH

3. (b) If veteran, name war ------

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Hainsworth

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October (Month) 3rd (Day) 1871 (Year)

8. AGE: Years 72 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business Lowell Bleachery

FATHER
12. Name Joseph Hainsworth
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Herbert Hainsworth --Son
(b) Address 5723 Michigan Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.& L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) MAR 3 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1944 hour 1 minute 43 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944, to March 1, 1944 that I last saw him alive on Feb 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A W Peters O (M. D. or other)

Address 4145 S Grand Date signed

(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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7814 Bellaway

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.