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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED FEB 18 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

State File No. **5224**  
 Registrar's No. **1266**

Registration District No. **818**

Primary Registration District No. \_\_\_\_\_

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

**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:  
BARNES HOSPITAL  
(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** BEN HAYNES  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Katherine Haynes  
 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased About 1888  
(Month) (Day) (Year)

**8. AGE:** Years About 55 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DuQuoin Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Stove and Furnace Repair

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Theodore Benjamin Haynes  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maud Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Haynes  
 (b) Address 2213 Chouteau  
 17. (a) Burial (b) Date thereof 2-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
 (b) Address 4700 Washington Blvd.  
 19. (a) FEB 8 1944 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2213 Chouteau  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Feb. day 7  
 year 1944 hour 7 minute 7 A.M.  
 21. I hereby certify that I attended the deceased from  
Jan. 27, 1944 to Feb. 7, 1944;  
 that I last saw h. IM alive on Feb. 7, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung, lt.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: Pneumectomy - carcinoma of lung, lt.  
 Of operations \_\_\_\_\_  
 Of autopsy none performed  
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)  
 (e) Means of injury 0  
 23. Signature J. F. Bredsch (M. D. or other) \_\_\_\_\_  
 Address BARNES HOSPITAL Date signed 2/7/44

**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.....

*Albert G. Hays*

Licensed Embalmer No. ....

2971

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.**