

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X38671

**FILED JAN 15 1948**  
Registration District No. **348**

Primary Registration District No. **1005**

Registrar's No. **11095**

**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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether)

In this community 36 years  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....

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

(d) Street No. 2331 Olive St.  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Beatrice Haines

3. (b) If veteran, name war None

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month December day 21,  
year 1944 hour 4 minute 30 P., M.

21. I hereby certify that I attended the deceased from December  
12, 1944, to December 21, 1944

4. Sex F 3 5. Color or race Col

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 19 years 1891 (Day) (Year)

7. Birth date of deceased Mar (Month)

that I last saw her er alive on December 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with generalized metastasis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

**8. AGE:**

Years	Months	Days	If less than one day
<u>53</u>	<u>9</u>	<u>2</u>	..... hr. .... min.

Major findings:  
Of operations.....

Of autopsy.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name James Haines

13. Birthplace Miss (State or foreign country)

14. Maiden name Anna Miller (City, town, or county) (State or foreign country)

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

16. (a) Informant Maggie Howell

(b) Address 2702 Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, -44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

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 J. W. Hughes

(b) Address 2620 Lawton

19. (a) DEC 27 1944 (Date received local registrar's certificate) J. F. Bradeck (Registrar's signature)

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

23. Signature J. H. Power (M. D. or other) 2/23/48  
Address 2601 W. Killebrew Date signed

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

MOTHER FATHER

**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. 2988 working under my personal supervision.

Signed Syda Huphee  
Licensed Embalmer No. 2752 9938

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.**