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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18784

Registration District No. FILED JUN 30 1945 818 Primary Registration District No. 1003 Registrar's No. 5431

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: St. John's (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4408 Marcus Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Dennis Patrick Eugene Thomas Haney
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) - 19 (Day) - 45 (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Eugene William Haney
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ann Walsh
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Eugene William ~~Hayne~~ Haney
(b) Address 4408 Marcus
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address East St. Louis, Illinois
19. (a) JUN 22 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1945 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital atelectasis	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. H. Bowdern (M.D. ~~or other~~)
Address 634 N. Grand Date signed 6-26-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....By W Wilkinson

Licensed Embalmer No.....3575

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.