S. No. 2
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5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15159
Registrar's No. 3680

Registration District No. 318 Primary Registration District No. 10[illegible]

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: City Hospital # 1 O (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:

(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~, (If outside city or town limits, write "RURAL") 0
(d) Street No. 5731 Hamilton Ave NR (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Pansy R. Haynes
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 James L. Haynes
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April 27, 1904 (Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. / (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Lehman Elliott
13. Birthplace (City, town, or county) Ky. / (State or foreign country)
MOTHER
14. Maiden name Emma Burns
15. Birthplace (City, town, or county) Ky / (State or foreign country)
16. (a) Informant Martha Spytkowski
(b) Address 5731 Hamilton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation 1111 Memorial Park Cemetery
18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave
19. (a) APR 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1947 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Gunshot Wound of Skull and Brain inflicted with gun in the hands of one James Lee Haynes on the Tavern 4617 Natural Bridge Around 10.51 a.m. April 5 1947
Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 166
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) Powered
(b) Date of occurrence June 5 1947
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tavern (Specify type of place)
While at work? (e) Means of injury Gabion
23. Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 4-7-47

(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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.