FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20945

FILED JUN 21 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5231

**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 Sanitarium (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State: Missouri (b) County: 17

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

(d) Street No.: 5918 Theodosia Avenue (If rural, give location) 6 0

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

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM H. HAYCRAFT

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Susie M. Haycraft

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: June 18, 1865 (Month) (Day) (Year)

8. AGE: Years 82 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace: Grundy County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Retired 10 years

MOTHER FATHER

12. Name: Samuel Haycraft

13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)

14. Maiden name: Mary Briscoe

15. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs. Susie M. Haycraft

(b) Address: 5918 Theodosia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 8, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cemetery

18. (a) Signature of funeral director: Shepard Funeral Home

(b) Address: 1167 Hamilton Avenue

19. (a) JUN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 5 year 1948 hour 6.30 minute P M.

21. I hereby certify that I attended the deceased from Dec. 22, 1947 to June 5, 1948; that I last saw him alive on June 5, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to: Cerebral hemorrhage | 3 ds. |
| Due to: Generalized Arteriosclerosis | 6 mos.x. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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: Paul T. Hartman (M. D. or other)

Address: 5400 Arsenal Date signed 6-6-48

WRITE PLAINLY—USING UNFADING BLACK INK

Jefferson City Printing Co. (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.....Elmo R. Cadwell

Licensed Embalmer No.....4077

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.**