300
0-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27765

Registrar's No. 7094

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo Pacific Hospital (If not in hospital or institution, write street number or location)

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

In this community 8 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Alabama (b) County 999

(c) City or town Brewton (If outside city or town limits, write "RURAL") 1

(d) Street No. N.R. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOHN FRANCIS HAIGLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business Railroad

MOTHER FATHER

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mo. Pacific Hosp. Rec's

(b) Address St. Louis, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-12-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Brewton Alabama

18. (a) Signature and Address Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) AUG 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUG day 11 year 1948 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from July 23, 1948 to Aug 11, 1948 that I last saw him alive on Aug 11, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myelogenous Leukemia | ? |
| 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 John T. Vickers (M. D. or other) MD

Address 1504 So Green Date signed 8/13/48

(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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.**