No. 300
-10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1005

State File No. 27772
Registrar's No. 7712

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: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether)
In this community 2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy (If outside city or town limits, write "RURAL") 01
(d) Street No. 4021 Carson Road (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 1

3. (a) PRINT FULL NAME Mrs Florence Cross HANEY
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex female
5. Color or race White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~
6. (b) Name of husband or wife Orley C. Haney
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August (Month) 23rd (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
50	0	8	hr. min.

9. Birthplace Ava (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home

MOTHER FATHER
12. Name Walter Looney
13. Birthplace Ava (City, town, or county) Illinois (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace Randolph County, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Orley C. Haney.
(b) Address St. Louis, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/1/1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill
18. (a) Signature of funeral director John Grasty
(b) Address East St. Louis, Illinois
19. (a) SEP 1 1948 (Date received local registrar) (b) J. F. Bacon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1948 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from ..., 1947, to ..., 1948;
that I last saw her alive on Aug 31, 1948;
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death UREMIA	1 Month
Due to Chronic Nephritis	1½ years
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 N. B. Hamson (M. D. or other)
Address 607 No. Broad Date signed 9-1

(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 not embalmed, Registered Apprentice No....., working under my personal supervision.

Signed John J Kasely

Licensed Embalmer No.....

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.