

FILED SEP 13 1948

1003

Registration District No. _____ Primary Registration District No. _____

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3113 Laclede
18 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Haynes
3. (b) If veteran, name war no
3. (c) Social Security No. No Card

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 5 2 _____ hr. _____ min.

9. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)
10. Usual occupation Nil.

11. Industry or business _____
12. Name Henry Haynes
13. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Chancy Perry
15. Birthplace Monticello, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Haynes
(b) Address 3113 Laclede Ave.
17. (a) Burial (b) Date thereof Aug 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood, Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (a) AUG 29 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 25
year 1948 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from August 16, 1948, to August 25, 1948
that I last saw her alive on August 25, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cirrhosis of Liver
Ascites
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy None
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?
While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature Charles Trojko (M. D. or other)
Address 2601 N Whittier Date signed 8/25/48

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P.O. Address 4049 St. Ferdinand

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.