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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38186

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 10280

1. PLACE OF DEATH:

(a) County ~~St Louis Mo.~~

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

(c) Name of hospital or institution: 3318 Laclede Ave
(If not in hospital or institution, write street number or location)

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

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 5

(d) Street No. 3318 Laclede (If rural, give location) 18

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

If yes, name country ____

3. (a) PRINT FULL NAME Guss Haley

3. (b) If veteran, name war no

3. (c) Social Security No. ____

4. Sex Male

5. Color or race col

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

6. (b) Name of husband or wife Gus Carrie Haley

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased november (Month) 24 (Day) 1900 (Year)

8. AGE: Years 48 (abt) Months — Days — If less than one day ____ hr. ____ min.

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

10. Usual occupation Janitor

11. Industry or business ____

FATHER
12. Name William Haley
13. Birthplace Mississippi (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Vina ?
15. Birthplace Mississippi (City, town, or county) ____ (State or foreign country)

16. (a) Informant Roosevelt Haley
(b) Address 3318 Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 22 48 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Mem

18. (c) Signature of funeral director Pinkie L Toney
(b) Address 3129 Lucas Ave

19. (a) NOV 26 1948 (Date received local registrar) (b) J. B. Lanter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day nov. year 48 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 11/20/48, 19__ to 11/23/48, 19__ that I last saw him alive on 11/23, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 4 days

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ____

Of autopsy ____

Duration

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 [illegible] (M. D. or other)

Address 3146 Laclede Date signed 11/23/48

(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.....

Licensed Embalmer No.....3371

P. O. Address.....S.A. Texas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 314 Primary Registration District No. 1003 Registrar's No. 10280

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:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Guss Haley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

6. (a) Single, widowed, married, divorced M. L

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov. 24 1948
(Month) (Day) (Year)

8. AGE: Years 48 Months — Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-9-48 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 23
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-38186