

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 28139
7704
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 28139 7704		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison										
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 1 Week			c. CITY (If outside corporate limits, write RURAL and give township) Granite City			TOWN _____					
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				STREET ADDRESS (If rural, give location) 2416 Missouri										
3. NAME OF DECEASED (Type or Print)			a. (First) Tennie			b. (Middle) A.			c. (Last) Haynes			4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 17, 1882		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (State or foreign country) Mississippi			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Solomon				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE John Haynes						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Morley 2416 Missouri Ave.								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH.		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart.										
				ANTECEDENT CAUSES DUE TO (b) Myocarditis.										
				DUE TO (c) _____										
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION No surgery.								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? Hit by car								
22. I hereby certify that I attended the deceased from Aug. 28, 1949 to Sept 4, 1949 , that I last saw the deceased alive on Sept 4, 1949 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above.														
23a. SIGNATURE Frank J. Mercer (Degree or title) M.D.						23b. ADDRESS 4930 Lindell Blvd. Saint Louis, Mo.			23c. DATE SIGNED Sept 6, 1949					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Sept. 6, 49			24c. NAME OF CEMETERY OR CREMATORY Sunset Hill			24d. LOCATION (City, town, or county) (State) Edwardsville Twsp. Ill.					
DATE REC'D BY LOCAL REG. SEP 6 1949			REGISTRAR'S SIGNATURE J. B. Lassiter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Mercer Granite City								

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles E. Mercer

Signed.....

Student Embalmer

Licensed Embalmer No. *2988*

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.