

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1949

State File No. **31810**  
Registrar's No. **7962**

|  |                                    |  |   |  |   |   |  |  |
|--|------------------------------------|--|---|--|---|---|--|--|
| BIRTH NO. _____  |                                    | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. <b>7962</b>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>5800 Arsenal St.</b>   |                                    |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____   |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis Mo.</b>   |                                    | c. LENGTH OF STAY (in this place)<br><b>1 yr. 8 mos.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis,</b>  |   |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>  |                                    |  |   | d. STREET ADDRESS (If rural, give location)<br><b>411a St. Ferdinand</b>   |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Van</b>  |                                    |  | b. (Middle) _____                           |  | c. (Last) <b>Haire</b>                            |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Sept. 11 1949</b> |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                               |   | 8. DATE OF BIRTH<br><b>Feb. 13, 1887</b>   | 9. AGE (In years last birthday)<br><b>62</b>      | 10. UNDER 1 YEAR<br>Months <b>6</b> Days <b>28</b>                                  | 11. UNDER 24 HRS.<br>Hours _____ Min. _____                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Porter</b>   |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br>_____   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Forest City, Arkansas</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |                                    |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Sadie Haire</b> |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                    | 16. SOCIAL SECURITY NO.<br><b>494-07-2495</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Sadie Haire</b>  |   | ADDRESS<br><b>411a St. Ferdinand</b>  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                                    |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 mo.</b>                 |  |
|  |                                    |  |   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Hypertension</b><br><b>Heart Disease</b> |   |   | <b>7</b>   |  |
|  |                                    |  |   | DUE TO (c) _____   |   |   | ?  |  |
|  |                                    |  |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>C.N.S. Syphilis</b>                                    |   |   | ?  |  |
| 19a. DATE OF OPERATION   |                                    | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><b>30c</b>  |   |   |  |  |
| 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?<br><b>026X</b>  |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>1-20</b> , 19 <b>49</b> , to <b>9-11</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>9-11</b> , 19 <b>49</b> , and that death occurred at <b>5:55</b> am., from the causes and on the date stated above. |                                    |  |   |  |   |   |  |  |
| 23. SIGNATURE (Degree or title)<br><b>Palmer Pusnicovich M.D.</b>  |                                    |  |   | 23b. ADDRESS   |   | 23c. DATE SIGNED  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                    | 24b. DATE<br><b>Sept. 16, 1949</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, county</b>           |  |  |
| DATE REC'D BY LOCAL REG.<br><b>SEP 14 1949</b>   |                                    | REGISTRAR'S SIGNATURE<br><b>J.B. Laster</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>E.B. France</b>   |   | ADDRESS<br><b>1221 N. Grand Blvd.</b>   |  |  |

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.

Student .....

Student Embalmer

Signed

*Jeffrey E. Cooper*

Licensed Embalmer No. 4600

P. O. Address 1221 S. Grand

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.