

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38801**  
**10304**

FILED DEC 14 1949

BIRTH NO. _____		REG. DIST. NO. <b>010</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>How</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place) <b>7</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>23-915 JULIA ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RAY</b>			b. (Middle) <b>-</b>		c. (Last) <b>HAYNES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 28 1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 11, 1926</b>		9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>OLEY HAYNES</b>			13b. MOTHER'S MAIDEN NAME <b>ELZONA CRABTREE</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ELZONA HAYNES 915 JULIA ST.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal hemorrhage following gunshot wound of abdomen suffered when shot with gun in the hands of one Raymond Francis Muesard Sr., in home 2104 So 8th Street around 6:30 pm Nov 28 1949</b>					INTERVAL BETWEEN ONSET AND DEATH _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO</b> _____ <b>DUE TO</b> _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>6:30 pm Nov 28 1949</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis MO MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 28 49 6:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shot</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 P. m.</b> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <b>Patrick E. Taylor, Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>11-30-49</b>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE <b>DEC. 1 1949</b>	22c. NAME OF CEMETERY OR CREMATORY <b>New ST. MARCUS cem.</b>		22d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>NOV 30 1949</b>		REGISTRAR'S SIGNATURE <b>Jr B Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kuti 2906 Grannis</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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed \_\_\_\_\_

*Harmer C. Dill*

Licensed Embalmer No. ....

4347

P. O. Address \_\_\_\_\_

2906 *Lebanon*

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.