

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18252
State File No. 18252
4702
Registrar's No. 4702

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis				c. LENGTH OF STAY (in this place) 2 Weeks				c. CITY (If outside corporate limits, write RURAL and give township) Jennings							
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 2547 Ada Avenue				4130							
3. NAME OF DECEASED (Type or Print)			a. (First) Alice			b. (Middle) R.			c. (Last) Haynes			4. DATE OF DEATH (Month) (Day) (Year) May 26th, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Remarried		8. DATE OF BIRTH Sept. 11th, 1922		9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 8 Days 15		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work or profession, or occupation, even if retired) Office work				10b. KIND OF BUSINESS OR INDUSTRY Bond Equipment Co.				11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Guy Haynes				13b. MOTHER'S MAIDEN NAME Artha Gritzner				14. NAME OF HUSBAND OR WIFE None							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown				17. INFORMANT'S SIGNATURE OR NAME Guy Haynes				ADDRESS 2547 Ada Avenue, Jennings, Mo			
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								INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic anemia											
				ANTECEDENT CAUSES											
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Staphylococci throat-											
				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 _____				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) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 051X							
22. I hereby certify that I attended the deceased from 5-8 , 19 50 , to 5-26 , 19 50 that I last saw the deceased alive on 5-26 , 19 50 , and that death occurred at 10:20 a.m. , from the causes and on the date stated above.															
23a. SIGNATURE C. G. ... (Degree or title) _____						23b. ADDRESS 1927² ...						23c. DATE SIGNED 5-27-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 5/29/50				24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. MAY 29 1950				REGISTRAR'S SIGNATURE J. B. ...				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz				ADDRESS 4828 Natural Bridge Blvd.			

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

4202

[Faint handwritten signature]

1927
Nuttall, 2:00 noon
Linnard 110

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.....

Ralph C. Linnard

Licensed Embalmer No. 4225

P. O. Address St. Louis, Mo

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.