

No. 300  
10.48

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32182

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2217

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> . <u>4310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1532 Encelholm Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>1532 Engelholm Ave., 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>HALEY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Don't Know</u>	9. AGE (In years last birthday) <u>About 70</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>4</u>

13a. FATHER'S NAME <u>? Growney</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Logan R. Haley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Logan R. Haley 1532 Engelholm Ave.,</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2yr</u>  <u>15yr</u> <u>!</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (adenocarcinoma) stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>✓</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chl. Myocarditis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Two distal perforations stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>15' X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from January, 1941 to Sept 16, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE: <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>620, Leticia Ave.</u>		23c. DATE SIGNED <u>9-18-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-19-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark 1125 Hodiamont Ave.,</u>	
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(Licensed Embalmer, Statement on Reverse Side)

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

Dr. Lr1 Hicks  
6201 Lotus Ave.,  
Mu. 1650.

*10.2.11.11*

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 Embalmer No.....

Signed

*Charles R. Sandwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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.