

FILED JAN 18 1951

STANDARD CERTIFICATE OF DEATH

43733

State File No. 10864

No. 300
10.48

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 MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS	c. LENGTH OF STAY (In this place) 2 HRS	c. CITY (If outside corporate limits, write RURAL and give township) ST TOWN WEBSTER GROVES	459 9
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSPITAL		d. STREET ADDRESS (If rural, give location) 26 WEBSTER ACRES	
3. NAME OF DECEASED a. (First) ALLAN (Type or Print)		b. (Middle) HILL	c. (Last) HASKINS
5. SEX M U	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	4. DATE OF DEATH (Month) (Day) (Year) 12-18-1950
8. DATE OF BIRTH 8-13-1899	9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MGR.	11. BIRTHPLACE (State or foreign country) CHICAGO ILL
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ROLLO M HASKINS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NAOMI HASKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 493-10-0595	17. INFORMANT'S SIGNATURE OR NAME Frank S. Elliott	
17. ADDRESS Webster	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Occlusion		
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis coronary 4 yrs arteries	DUE TO (b)	INTERVAL BETWEEN ONSET AND DEATH 7 yrs
DUE TO (c) Diabetes mellitus	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	3 yrs	
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 H2O	
22. I hereby certify that I attended the deceased from Oct 1942 to Dec. 18, 1950 , that I last saw the deceased alive on Dec 18, 1950 , and that death occurred at 4 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE J.R. Leasley	(Degree or title) M.D.	23b. ADDRESS #16 Hampton Village Med Center	23c. DATE SIGNED 12/18/50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-21-1950	24c. NAME OF CEMETERY OR CREMATOR DANVILLE CEM	24d. LOCATION (City, town, or county) (State) DANVILLE OHIO
DATE REC'D BY LOCAL REG. DEC 20 1950	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE Parker Aldrich	
ADDRESS Webster	ADDRESS Webster		

(Licensed Embalmer's Statement on Reverse Side) **b.b. aldrich** **Jno**

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

OCT 6 1955

DEC 13 1955

APR 28 1955

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wester Grove Md*

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.