

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10161  
State File No. 1914  
Registrar's No. 1914

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4049 Magnolia Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dr. Leon</b>		b. (Middle) <b>C.</b>	
c. (Last) <b>Haile</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 25, 1894</b>
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	11. BIRTHPLACE (State or foreign country) <b>Farlington, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Oscar Haile</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Byrington</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine Drake Haile</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Josephine Haile</b>		ADDRESS <b>4049 Magnolia Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage left side; Subdural and Subarachnoid hemorrhage</b> ANTECEDENT CAUSES <b>Fr of ribs; suffered when dismounted or fell from 4th fl window at the Missouri Pacific Hospital on July 17, 1951</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>about 9:35 am</b> DUE TO (c) <b>St. Louis</b> II. OTHER SIGNIFICANT CONDITIONS <b>Hospital on July 17, 1951</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>about 9:35 am</b> INTERVAL BETWEEN ONSET AND DEATH <b>not</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>accidental or suicidal cause not determined</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <b>open wound</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>000</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? <b>2903 D</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>4:30 P.</b> m., from the causes and on the date stated above. <b>11</b>			
23a. SIGNATURE <b>Miss Mrs. Josephine Haile</b>		23b. ADDRESS <b>3 1300 Clark</b>	
23c. DATE SIGNED <b>2/27/51</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>Feb. 27, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 27 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm J. Robert &amp; Co 1905 So. GRAND</b>	

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

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APR 25 1951

**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 Ronald O Yahrke

Licensed Embalmer No. 3917

P. O. Address St Louis

**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.