

STANDARD CERTIFICATE OF DEATH

43631

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4159

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS.
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MANCHESTER NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI
 b. COUNTY ST. LOUIS,
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND
 d. STREET ADDRESS (If rural, give location) RT 7 BOX 577 CYPRESS RD.

3. NAME OF DECEASED
 a. (First) JOHN b. (Middle) HARRY c. (Last) HALEY

4. DATE OF DEATH (Month) (Day) (Year)
DEC, 31, 1951

5. SEX MALE
 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
2/28/1868

9. AGE (in years last birthday) 83
 If UNDER 1 YEAR: Months _____ Days _____
 If UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED POLICE OFFICER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
CLAYTON ILLINOIS

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
UNKNOWN

13b. MOTHER'S MAIDEN NAME
UNKNOWN

14. NAME OF HUSBAND OR WIFE

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.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
GLENN HALEY RT 7 BOX 577 CYPRESS RD

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chr. Myocarditis
 DUE TO (c) Sev. Arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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)
4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Dec 31, 1951, that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Ch. J. J. J. J. J.

23b. ADDRESS
Evans, Mo

23c. DATE SIGNED
12-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
1/2/52

24c. NAME OF CEMETERY OR CREMATORY
CLAYTON ILLINOIS

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
1-1-52 Robert P. Donohue

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
STROOT - CARROLL 4600 NATURAL BRIDGE

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 Embalmer No.

Signed _____

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. *103979*

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.