

S. No. 300  
V. 10.48

FILED MAR 22 1952  
REG. # 99091

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11389**  
Registrar's No. **437**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY OR TOWN <b>JEFFERSON BARRACKS, MO</b>		c. LENGTH OF STAY (in this place) <b>144 days</b>		c. CITY OR TOWN <b>ST. LOUIS</b> <b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>1241 Washington Blvd.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILL</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>HAYNES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-15-52</b>			
5. SEX <b>MAKE 2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>9</b>	8. DATE OF BIRTH <b>7-20-91</b>	9. AGE (In years last birthday) <b>57</b>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>PARIS, TENNESSEE</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JIM HAYNES</b>		13b. MOTHER'S MAIDEN NAME <b>LOU MANNER MANLEY</b>	
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) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>486-14-8498</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS. MO</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>MYOCARDIAL INFARCTION</b> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4201</b>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>1-2-52</b> , 19____, to <b>2-15-52</b> , 19____, and that death occurred at <b>9:10 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. ...</b> (Degree or title) _____		23b. ADDRESS <b>M.D. VA HOSPITAL, JEFF. BRKS. MO.</b>		23c. DATE SIGNED <b>2/15/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-19-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo.</b>		DATE REC'D BY LOCAL REG. <b>2-18-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Kooel</b>		ADDRESS <b>1221 N. Grand</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

Signed Lawrence Brown

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.