

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

BIRTH NO. **Jack D Haisley** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7945**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>4020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>9258 Waldorf Drive</b>	

3. NAME OF DECEASED (Type or Print) <b>Errett Jack</b>		c. (Last) <b>Haisley</b>		DATE (Month) (Day) (Year) <b>8-21-52</b>	
(Commonly known as) <b>Dunnham</b>		DEATH <b>Haisley</b>			

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-11-1923</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b>	IF UNDER 1 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNT EXECUTIVE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Al Frisco Outdoor Adv</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Ill.,</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>E D Haisley</b>	13b. MOTHER'S MAIDEN NAME <b>Stella Beatty</b>	14. NAME OF HUSBAND OR WIFE <b>Lela S Haisley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW# 2</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lela S Haisley</b>	ADDRESS <b>9258 Waldorf St Louis 15, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Poliomyelitis</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <b>0803</b>
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22. I hereby certify that I attended the deceased from **8-7, 1952**, to **8-21, 1952**, that I last saw the deceased alive on **8-21, 1952**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>F R Bradley</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>8/21/52</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-22-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co., Mo</b>
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DATE REC'D BY LOCAL REG. <b>AUG 21 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MA</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER</b>	ADDRESS <b>COLONIAL MORTUARY</b>
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**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

*Harry S. Schumacher*

Licensed Embalmer No.

2679

P. O. Address

2814 S Broadway

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.