

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7624**
Registrar's No. **1378**

FILED FEB 25 1953

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 12 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		4138	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital.				d. STREET ADDRESS (If rural, give location) 8810 Huiskamp Ave. Jennings,			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Hugh c. (Last) Haynes Sr.			4. DATE OF DEATH (Month) (Day) (Year) Feb 2, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 8, 1898	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR 2 Months 25 Days		IF UNDER 1 RES. 25 Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Renard Carpet CO		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Haynes.			13b. MOTHER'S MAIDEN NAME Fannie Ridenour.			14. NAME OF HUSBAND OR WIFE Catherine Haynes.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Haynes 8810 Huiskamp.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marie Stuppler Niece				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 10 yrs 15 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none				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? 331X			
22. I hereby certify that I attended the deceased from Dec 2, 1948 , to 2-2, 1953 , that I last saw the deceased alive on 2-2, 1953 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE M D Ferguson M.D. (Degree or title)				23b. ADDRESS Ferguson MO		23c. DATE SIGNED 2-3-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park.		24d. LOCATION (City, town, or county) (State) St. Louis Co. MO.	
DATE REC'D BY LOCAL REG. FEB 5 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

72 7007

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 Walter J. Buehler
Licensed Embalmer No. 4554

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.