

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26424**  
**6876**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
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, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 Yrs 10 Mo.</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>City Infirmery.</b>				d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal Street.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) <b>P</b>		c. (Last) <b>Haley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 53</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>12-5-1872</b>		9. AGE (in years) (Month) (Days) (Hours) (Mins.) <b>70 7 8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>Watchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>City of St. Louis</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Timothy Haley</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Casey</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Abbath Haley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, # of service) <b>Worlds War #1</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Halet 1310 A Arsenal</b>				
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) <b>Generalized Arteriosclerosis with</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cerebral and Cardiac Damage.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>450.0</b>					
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?					
22. I hereby certify that I attended the deceased from <b>Sept. 14, 1950</b> , to <b>July 13, 1953</b> that I last saw the deceased alive on <b>Sept. 12, 1953</b> , and that death occurred at <b>6:45 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Palmer P. Bowditch M.D.</b>				23b. ADDRESS <b>5800 Arsenal Street.</b>		23c. DATE SIGNED <b>JUL 13 1953</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-15-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D. BY LOCAL <b>JUL 13 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819 S Grand Blvd</b>					

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

JUL 31 1959

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

*George J. McPherson*

Licensed Embalmer No. *4611*

P. O. Address *St Louis Mo*

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.