

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40575

FILED NOV 24 1953

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10475

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10475			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 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 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2217 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3113 Laclede Ave.				d. STREET ADDRESS (If rural, give location) 27 3113 Laclede Ave.					
3. NAME OF DECEASED (Type or Print) Helen			a. (First)		b. (Middle)		c. (Last) Haynes		
4. DATE OF DEATH Oct. 31, 1953			5. SEX Female 3		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		
8. DATE OF BIRTH April 7, 1896			9. AGE (in years last birthday) 57		10. MONTHS 6		11. DAYS 24		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark. /		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Henry Haynes			13b. MOTHER'S MAIDEN NAME Chaney ?			14. NAME OF HUSBAND OR WIFE None			
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 Bernice Stoner 3113 Laclede Ave.				
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) My pneumonia dead Dec 8 then 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.						INTERVAL BETWEEN ONSET AND DEATH 8 hrs	
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) _____		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? 443X							
22. I hereby certify that I attended the deceased from 10/27 1953 to 10/31 1953, that I last saw the deceased alive on Oct. 31, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Guy L. E. Payne M.D.				23b. ADDRESS 3113 Laclede			23c. DATE SIGNED 11/2/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.			
DATE REC'D BY LOCAL REG. NOV 4 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home #3100 Easton Ave.				

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.