

FILED AUG 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28474

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1926

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 19?	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 1098 Eatherton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1098 Eatherton			

3. NAME OF DECEASED (Type or Print) a. (First) Aubrey b. (Middle) De Vere c. (Last) Haynes			4. DATE OF DEATH (Month) (Day) (Year) August 16 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12 1901		9. AGE (In years last birthday) 54 If under 1 year: Months 4 Days 4 Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Supt.		10b. KIND OF BUSINESS OR INDUSTRY Miss. River		11. BIRTHPLACE (State or foreign country) Vicksberg Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Aubrey Haynes	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Wanda Haynes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.I (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 498-12-2124	17. INFORMANT'S SIGNATURE OR NAME Mrs Wanda Haynes ADDRESS 1098 Eatherton W.G. Mo.
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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) Coronary occlusion		stat
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) diabetes mellitus		over 3 yrs 13+ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 10, 1952** to **present**, 19____, that I last saw the deceased alive on **July 22, 1955**, and that death occurred at **9 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Smith M.D. (Degree or title)	23b. ADDRESS 114 N. Taylor	23c. DATE SIGNED 8/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-1955	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. 8/18/55	REGISTRAR'S SIGNATURE Herbert B. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Pappas ADDRESS Kirkwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
114 N. Taylor St. Webster Groves Mo. 63080

OCT 3 1955

OCT 3 1955

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 m.

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.