

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31779

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>2172</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>13 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson 4th</u>		d. STREET ADDRESS (If rural, give location) <u>102 Tiffin Avenue.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Tiffin AVENUE,</u>				d. STREET ADDRESS (If rural, give location) <u>102 Tiffin Avenue.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Jessie</u>		b. (Middle) <u>---</u>		c. (Last) <u>Haynes</u>		6. COLOR OR RACE <u>Female</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar. 6, 1871</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>vocalist</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		13a. FATHER'S NAME <u>John Haynes</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Kenvyn</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter M. Fowler, Ferguson, Mo.</u>	
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, ashenia, 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* <u>Arteriosclerosis cardiovascular disease</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____				2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>54221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?			
22. I hereby certify that I attended the deceased from <u>March, 1953</u> , to <u>9/16</u> , 1955, that I last saw the deceased alive on <u>9/13</u> , 1955, and that death occurred at <u>6</u> pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Huebner MD</u>			23b. ADDRESS <u>9th S. Flouissant Rd. Ferguson</u>			23c. DATE SIGNED <u>9/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/18/55.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Plainsfield, N. J.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL, FERGUSON, MO.</u>			

S.G. (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

L. M. Shilue

Licensed Embalmer No. *3973*

P. O. Address *Hershey*

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.