No. 300
10.48

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6606

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1450

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

1. PLACE OF DEATH
a. COUNTY ~~Missouri~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 12 5351 Delmar

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) Lee
c. (Last) Haynes

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 56

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Seperated
8. DATE OF BIRTH Nov-22,1880
9. AGE (In years last birthday) 75 — If under 1 year: Months 3 Days 17 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Haynes
13b. MOTHER'S MAIDEN NAME Margaret Fisher
14. NAME OF HUSBAND OR WIFE Ida Horstman Haynes, Dec'

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-26-0412A
17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Mo. 5351 Delmar ADDRESS Lewis C Robertson Supt

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, asthenia, 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)	ACUTE MYOCARDIAL INFARCTION	ONE DAY
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	17 YEARS
DUE TO (c)	ARTERIOSCLEROSIS, GENERALIZED	20 YRS
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	AURICULAR FIBRILLATION CARDIAC HYPERTROPHY CARDIAC DECOMPENSATION	17 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 420.0

22. *I hereby certify that I attended the deceased from* 8-1-1955, *19*___, *to* 2-9-___, *19*56, *that I last saw the deceased alive on* 2-8-___, *19*56, *and that death occurred at* 7.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert A. Hall (Degree or title) M.D.
23b. ADDRESS 3902 LAFAYETTE St. Louis, Mo.
23c. DATE SIGNED 2/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb. 11 1956
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. FEB 10 1956
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., **ADDRESS** 2161 E. Fair Av

M.J.B. (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 Wilford G Burnley

Licensed Embalmer No. 42038

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.