

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10832

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3118

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 19 446 N. Sarah St. 2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital								
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle) Haynes		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 26, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1888		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Adolph Aufchlaeger			13b. MOTHER'S MAIDEN NAME Unknown Besler		14. NAME OF HUSBAND OR WIFE Thomas A. Haynes			
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 Thomas A. Haynes, 446 N. Sarah St.				
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)				Myocardial Infarction		Indefinite		
ANTECEDENT CAUSES				DUE TO (b)		Cerebrovascular Dist. Dec. Indefinite		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)		Obstruction Intestinal - March 12-56 Cancer of Ovary		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION 3/26/56		19b. MAJOR FINDINGS OF OPERATION Multiple Metastatic Carcinoma of Ovary				20. AUTOPSY? YES <input checked="" 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) St. Louis MO 175X				
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 March 13, 1956, to March 26, 1956, that I last saw the deceased alive on 3/25, 1956, and that death occurred at 3:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE John B. Meyers M.D.				23b. ADDRESS 3903 Olive St.		23c. DATE SIGNED 3/27/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3-29-56	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. MAR 28 1956		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd				

(Licensed Embalmer's Statement on Reverse Side)

COPY PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

**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 John Dinkler

Licensed Embalmer No. 3653

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.