

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

XC-1096414  
 REG. #118810  
 FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15139**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **943**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JEFFERSON BARRACKS, MO.</b> )	c. LENGTH OF STAY (in this place) <b>263 DAYS</b>	c. CITY OR TOWN <b>RICHMOND HEIGHTS / 4495</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>7734 WISE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>C.</b>	c. (Last) <b>HAINES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 7 - 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-1-87</b>	9. AGE (to years last birthday) <b>69 yrs.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>METEOROLOGIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WEATHER FORECASTING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>REINERSVILLE, OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOSEPH HAINES</b>	13b. MOTHER'S MAIDEN NAME <b>MARY F. GORRELL</b>	14. NAME OF HUSBAND OR WIFE <b>IRENE G. HAINES</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-1</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	ADDRESS
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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, asthma, 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) <b>CHRONIC BRAIN SYNDROME WITH CEREBRAL ARTERIOSCLEROSIS</b>		<b>8 YEARS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS, GENERAL</b>		<b>8 YEARS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHIAL PNEUMONIA</b>		<b>3 WEEKS</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>334X</b> 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)
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 **7-18**, 19**55**, to **4-7**, 19**56**, and that death occurred at **6:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Donald G. Romer, M.D.</b> (Degree or title)	23b. ADDRESS <b>VET. ADM. HOSPITAL, JEFF. BRKS., MO.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Apr. 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Arlington National Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Arlington, Va.</b>
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DATE REC'D BY LOCAL REG. <b>4-9-56</b>	REGISTRAR'S SIGNATURE <b>Richard H. Romer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b>	ADDRESS <b>Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *Lina C. Hoffmeier*

Licensed Embalmer No. 387

P. O. Address 7814 St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.