

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28472**
Registrar's No. **7263**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **19 yrs**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2711A Thomas Str** STREET ADDRESS (If rural, give location) **2711A Thomas St**

3. NAME OF DECEASED a. (First) **LLOYD** b. (Middle) _____ c. (Last) **HALEY** 4. DATE OF DEATH (Month) (Day) (Year) **Aug 3 1956**

5. SEX **Male** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan 8 1896** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR Months **6** Days **25** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Car Cleaner** 10b. KIND OF BUSINESS OR INDUSTRY **Rail Road** 11. BIRTHPLACE (City and State or Foreign Country) **Swan Lake, Miss.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Charlie Haley** 13b. MOTHER'S MAIDEN NAME **Polly Sullivan** 14. NAME OF HUSBAND OR WIFE **Edna Haley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. **709-09-5486** 17. INFORMANT'S SIGNATURE OR NAME **Edna Haley** ADDRESS **2711A Thomas St**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Heart Disease, Chronic Nephritis.** MEDICAL CERTIFICATION, INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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 **442x** 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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-31-1956** to **8-3-1956** that I last saw the deceased alive on **8-3-1956** and that death occurred at **8:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert M. Scott, M.D.** 23b. ADDRESS **3007 Eastw. ave** 23c. DATE SIGNED **8-4-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug 7 1956** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co. Mo**

DATE REC'D BY LOCAL REG. **AUG 6 1956** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **J.H. Randle & Son** ADDRESS **3133 Bell Avenue**

WRITE 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.....
Signature of Student Embalmer

Signed *Esther K. Harris*.....

Licensed Embalmer No. *445*.....

P. O. Address *418 1/2 Thacker*.....

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.