

health, Welfare public service  
 300 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 230. BIRTH, CREMATION, REMOVAL (Specify)  
 231. DATE  
 232. NAME OF CEMETERY OR CREMATORY  
 233. LOCATION (City, town, or county) (State)  
 24. FUNERAL DIRECTOR ADDRESS  
 25. DATE RECD. BY LOCAL REG.  
 26. REGISTRAR'S SIGNATURE

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39448  
 STATE FILE NUMBER  
 1003  
 10005

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to City Hosp.		Length of stay in lb Unknown 7 25	d. STREET ADDRESS 10 No. 10th St. R.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIKE Middle Last HANEY			4. DATE OF DEATH Month Day Year October 24-1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About 69	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ATLAS MANPOWER Agency, Inc.		11. BIRTHPLACE (City and state or country) OHIO	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
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. 268-22-6962		17. INFORMANT Address ALEX F. BARLOW 3220 No. DAKOTA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation due to Drowning when deceased fell from boat in Mississippi River at the foot of Arsenal St. about 4:23 PM					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)) None					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) E850X			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 42			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:23 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James M Keely (Degree or title) _____			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11-2-56
23a. BIRTH, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-3-56	23c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY		23d. LOCATION (City, town, or county) (State) St. Louis, MISSOURI
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F. H. Inc. 1936 St. Louis Av.			25. DATE RECD. BY LOCAL REG. NOV 2 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

(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.....  
Signature of Student Embalmer

Signed.....  
Funeral Director  
Licensed Embalmer No. ....

P. O. Address.....  
1936 H. Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.