

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10388
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1679

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN <u>St. Louis</u>)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Little Sisters of The Poor</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>134 W. Nat'l. Bridge</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>J.</u> Last <u>Haynes</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 9, 1879</u>	9. AGE (In years last birthday) <u>77 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Boiler Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boiler-Maker</u>		11. BIRTHPLACE (City and state or country) <u>St. Charles, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Haynes</u>				14. MOTHER'S MAIDEN NAME <u>Emma Trader</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Ida Morgan, 4134 W. Nat'l. Bridge Blvd.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic-heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>???</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Scarcity</u>					
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>420.0</u>				
20c. TIME OF INJURY <u>None</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan. 12, 1957</u> to <u>Feb 17, 1957</u> and last saw her/him alive on <u>Feb 16, 1957</u> Death occurred at <u>1:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Death or 1944) <u>Ronald H. Howe MD</u>				22b. ADDRESS <u>2435 N. Grand Blvd</u>		22c. DATE SIGNED <u>2-18-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept. 19, 1957</u>		<u>Calvary Cemetery</u>		<u>St. Louis, Missouri.</u>	
24. FUNERAL DIRECTOR <u>CALVIN F. FEUTZ</u> ADDRESS <u>4828 Nat'l. Bridge</u>			25. DATE RECD. BY LOCAL REG. <u>FEB 18 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> <u>m&b.</u>		
FUNERAL HOME, INC <u>St. Louis, 15. Mo.</u>			(Licensed Embalmer's Statement on Reverse Side)				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
1-56

MON - 3-4-51 IN

City

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 *John A. M...*

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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.