FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29532
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7007

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Pacific Hospital — Length of stay in 1b 40
d. STREET ADDRESS (If outside, give location) 1407 S. F Street — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY OR TOWN East St. Louis — Inside Limits Yes ☒ No ☐ 8120
d. STREET ADDRESS (If outside, give location) 32 1407 S. F Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Joe Middle Edgar Last Haynes
4. DATE OF DEATH Month July Day 24 Year 1957
5. SEX Male
6. COLOR OR RACE Color
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar. 6. 1907
9. AGE (In years last birthday) 50 — 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) Section Laborer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Gohlston Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene H. Haynes
14. MOTHER'S MAIDEN NAME Carrie Hollingsworth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 427-10-3345
17. INFORMANT Maggie Louise Haynes Address 1407 S. F Street E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Nephrosclerosis, gout.
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 446x
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1. 57 to July 24. 57 and last saw her/him alive on 7-24-57
Death occurred at 140 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Kramer, M.D.
22b. ADDRESS 1755 S. Grand
22c. DATE SIGNED 7/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 26, 1957
23c. NAME OF CEMETERY OR CREMATORY Booker Washington
23d. LOCATION (City, town, or county) (State) Centreville Township, Ill

24. FUNERAL DIRECTOR Marion E. Officer ADDRESS 2114 Mo ave E. St. Louis, Ill.
25. DATE RECD. BY LOCAL REG. JUL 27 57
26. REGISTRAR'S SIGNATURE J Earl Smith - MD acm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2-

P. O. Address 121 N. 2

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.