

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019227

STATE FILE NUMBER 4833
REGISTRATION DISTRICT NO. _____ PRIMARY REGISTRATION DISTRICT NO. _____ REGISTRAR NO. _____

FILED JUN 1 1959

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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, Mo.		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp. 7 Yr. Mo.		d. STREET ADDRESS (If outside, give location) 914 Cole St.	

3. NAME OF DECEASED (Type or print) Lester Haynes.			4. DATE OF DEATH Month May Day 15 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1877	9. AGE (In years last birthday) 81	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Coal Yard	11. BIRTHPLACE (City and state or country) Nebo, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME K. John Haynes	13b. MOTHER'S MAIDEN NAME Sarah Kindle	14. NAME OF HUSBAND OR WIFE Elizabeth Haynes
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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. Unknown	17. INFORMANT Mary Haynes, 2517 Ada, Ave, Jennings, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Yes.
DUE TO (b) Generalized Arteriosclerosis		Yes
DUE TO (c) Urinary Tract Infection		months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) P.S. Fracture of left Femur		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) FALL
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20c. TIME OF INJURY 4:35 a.m.	Month, Day, Year 4/20/59
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Chronic Hosp.	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	COUNTY	STATE
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21. I attended the deceased from October 20, 1958, to May 15, 1959, and last saw her/him alive on May 15, 1959. Death occurred at 7:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George M. Janaka, m.d.	(Degree or title)	22b. ADDRESS 5300 Arsenal	22c. DATE SIGNED 5/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-18-59	23c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery	23d. LOCATION (City, town, or county) (State) Nebo, Illinois.
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24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. MAY 18 59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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USE ONLY BLACK INK OR REDDISH TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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



Licensed Embalmer No. 4193.....

P. O. Address So. Lansing.....

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.