

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033885

FILED VS SEP 29 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 8544**

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		Length of stay in 1b	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 St. Louis City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2101a N. Broadway		
3. NAME OF DECEASED (Type or print) First Emory Middle E. Last Haynes			4. DATE OF DEATH Month September Day 15, Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/25/1909	9. AGE (last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Stennett, Texas		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Charles Haynes		13b. MOTHER'S MAIDEN NAME Jane Hart		14. NAME OF HUSBAND OR WIFE Marion		
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. 361-10-2869	17. INFORMANT Address Marion Haynes, 2101a N. Broadway			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>fractured skull, deep on the right side and subdural hemorrhage extending over the entire brain, suffered in fall from bar stool in tavern at 2101 N. Broadway on or about Sept. 14, 1959</i> DUE TO (b) <i>accident</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>See above</i>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 9-14-59	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.) 262 tavern	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Missouri	STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Paul J. Simon</i>		(Degree or title) <i>Deputy Coroner</i>	22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9/16/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed	23b. DATE 9-18-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 16 1959	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Malvin F. Kemper

Licensed Embalmer No. 403-2

P. O. Address 4911 W. 12th St.

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.