

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008177

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 7-1962 **318** Primary Registration District No. 1003 Registrar's No. 2237

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u>		Length of stay in 1b <u>18hrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		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>Homer G. Phillips</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>2601 N. Jefferson</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Baby Keith</u> Middle Last <u>Haynes</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>21</u> Year <u>1962</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. <del>Married</del> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <u>6-24-1961</u>		9. AGE (last birthday) Months <u>7</u> Days <u>27</u> Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>J. D. Haynes</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>None</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> <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT <u>J.D. Haynes</u>			Address <u>2601 N. Jefferson</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>Interstitial Pneumonia.</u> DUE TO (b) _____ DUE TO (c) <u>525X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>6:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>Paul J. Simon</u> (Degree or title) <u>Deputy Coroner</u>						22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>2/24/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			23b. DATE <u>2-26-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fr. Dickson's</u>		23d. LOCATION (City, town, or county) <u>St. Louis County,</u>		(State) <u>Mo.</u>			
24. FUNERAL DIRECTOR <u>P. J. Simon</u>				ADDRESS <u>1831 North Grand Blvd.</u>				25. DATE RECD. BY LOCAL REG. <u>FEB 24 1962</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>		

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 Oliver E. Crumble, Student Embalmer No. 602

working under my personal supervision.

Student Oliver E. Crumble  
Signature of Student Embalmer

Signed Malcolm Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

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.