

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036219

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **8716**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

VS'300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St Louis** Length of stay in lb **1 hour**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St Anthony's Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St Louis**  
c. CITY OR TOWN **Affton** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **8625 Brinker** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Mary Haney** **Sept. 8 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2-28-1885** 9. AGE (last birthday) **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (City and state or country) **Ohio** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Foster** 13b. MOTHER'S MAIDEN NAME **Mary Tillet** 14. NAME OF HUSBAND OR WIFE **John Haney**

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. **none** 17. INFORMANT **Mrs Clara Thompson** **8625 Brinker Affton**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cardiac arrest, shock, Apoplexias of both lungs; suffered when car operated by Edward Thompson in which deceased was a passenger collided with car operated by one Joseph Brookes at Mr. Kengie Road and Holly Hill**  
DUE TO (b) **accident**  
DUE TO (c) **accident**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **accident**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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.) **See above**

20c. TIME OF INJURY Hour **9:55** a.m. **9-8-62** p.m.

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.) **street 38** 20f. CITY, TOWN, OR LOCATION **St. Louis, Mo** COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ **12:55 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Paul J. Simon Deputy Coroner** 22b. ADDRESS **1308 Clark** 22c. DATE SIGNED **9/10/62**

23a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-12-62** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) **Affton Mo.**

24. FUNERAL DIRECTOR **Bopp Chapel 10610 Manchester Kirkwood** ADDRESS 25. DATE RECD. BY LOCAL REG. **9-10-62** 26. REGISTRAR'S SIGNATURE **Road Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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**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

*Francis J. Wyland*

Licensed Embalmer No. 4512

P. O. Address

*Richwood, Mo.*

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.