No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23832

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6277

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2609 Lawton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 Lawton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bertha Mable Haines 520

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Fem.

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Leonard Haines

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Feb. 2, 1899
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	5	23	hr. min.

9. Birthplace (City, town, or county) Georgia (State or foreign country)

10. Usual occupation Housework (at home)

11. Industry or business

FATHER
12. Name Frank Thomas
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Julia Jones
15. Birthplace (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Viola Jones
(b) Address 2609 Lawton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) JUL 26 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1940 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 8, 1940 to July 25, 1940; that I last saw her alive on July 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary T.B.	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetis Mellitis	2 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Vaughn C. Payne M. D.
Address 3146 S. Laclede Date signed 7/26/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Sacled

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.