

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **39757**

Registration District No. **780** Primary Registration District No. **109** Registrar's No. **2097**

1. PLACE OF DEATH:

(a) County **St Louis County.**

(b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7476 Hazel Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Charles Haitt**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 9th Oct. 9.1883**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Mosell** **MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business _____

12. Name **Clayton R. Haitt**

13. Birthplace **Gasconade** **MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Roberson**

15. Birthplace **Gasconade** **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Dickens**
(b) Address **7114 Bancroft Ave**

17. (a) **Burial** (b) Date thereof **Nov. 8 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Clair MO.**

18. (a) Signature of funeral director **JAY B. Smith.**

(b) Address **7456 Manchester Ave. Maplewood Mo.**

19. (a) **NOV 7 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**

(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")

(d) Street No. **7559 A. Woodland**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6**
year **1940** hour **8** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary occlusion **1 day**

Due to _____

Due to **94%**

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? **NO** (Specify type of place) (e) Means of injury _____

23. Signature **John Conwell** (M. D. or other) **[Signature]**
Address **Coroner of St. Louis Co.** Date signed **11/6/40**

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

76
6
4

5

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 *J. H. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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