

No. 2  
1-4-41  
5-17-41  
X2390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39951**  
Registrar's No. **9659**

**FILED**  
JAN 24 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. **10v3**

Registrar's No. \_\_\_\_\_

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: **13616 Texas 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 **11 years** (Specify whether years, months or days)

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. **3616a Texas Ave** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Thomas Hair**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Francis Adelaide** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Nov. 18, 1885** (Month) (Day) (Year)

8. AGE: Years **56** Months **--** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Oxford, Miss.** (City, town, or county) (State or foreign country) **1**

10. Usual occupation **Painter**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Hair**

13. Birthplace **Mississippi** (City, town, or county) (State or foreign country) **1**

14. Maiden name **Jane Wheeler** (City, town, or county) (State or foreign country)

15. Birthplace **Mississippi** (City, town, or county) (State or foreign country) **1**

16. (a) Informant **Mrs. Frances A. Hair**

(b) Address **3616a Texas Ave**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12/5/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Oxford, Miss.**

18. (a) Signature of funeral director **W. McLaughlin**

(b) Address **2301 Lafayette Ave**

19. (a) **DEC 5 1941** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 4,** day \_\_\_\_\_ year **1941** hour **11** minute **50** A.M.

21. I hereby certify that I attended the deceased from **12-1-41** to **12-4-41** 1941

that I last saw him alive on **12-4-41** and that death occurred on the date and hour stated above. 1941

Immediate cause of death **Cancer prostate** Duration **2 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. S. Payne** (M. D. or other) **MD**

Address **1801 Pentalogy St.** Date signed **12-5-41**

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

80  
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00  
17  
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51

**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.....

*Ralph C. Linder*....., Registered Apprentice No. *281*  
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*

P. O. Address. *2317 Lafayette*

**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.**