

S. No. 2  
M-543  
7-5-17-39  
I X36671

**FILED** MAY 6 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 968

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7626 Springdale 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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County St. Louis

(b) City or town Normandy  
(If outside city or town limits, write "RURAL")

(c) Street No. 7626 Springdale Ave.  
(If rural, give location)

(d) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bruce Haines, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. 494-03-4439

4. Sex M. 5. Color or race W

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

6. (b) Name of husband or wife Lola M. Haines

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 2 1881  
(Month) (Day) (Year)

8. AGE: — Years 64 Months 4 Days 30  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1946 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1946 to April 30, 1946  
that I last saw him alive on April 27 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon Duration 1 1/2 yrs

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

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

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of colon

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation President

11. Industry or business E. E. Souther Iron Co.

MOTHER FATHER { 12. Name Joseph W. Haines

{ 13. Birthplace Crawsfordville, Indiana  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Florence Clough

{ 15. Birthplace Crawsfordville, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Lola M. Haines

(b) Address 7626 Springdale Normandy

17. (a) Entombment (b) Date thereof 5-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 5-3-46 (b) E. J. McBaran M.D.  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Geo. W. Steyer (M. D. officer)

Address 3720 Washington Ave. Date signed 5-2-46

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

10525

MAY 16 1948

H. ...  
3720 Washington  
JE-4515  
1 to 3 P.M.

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.....

*Don Paul Marber*....., Registered Apprentice No. *387*

working under my personal supervision.

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.