S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43084
Registrar's No. 11605

Registration District No. 318 Primary Registration District No. 1003

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

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: LITTLE FLOWER RETREAT. (If not in hospital or institution, write street number or location) 2500 S 12th St.
(d) Length of stay: In hospital or institution 11 MONTHS (Specify whether
In this community 57 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL") 7
(d) Street No. 318 W BIG BEND RD. (If rural, give location) 4
NR
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME ADDIE RICE HAINER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JULIUS C. HAINER 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL 14 (Month) 1861 (Day) (Year)

8. AGE: Years 86 Months 8 Days 5 If less than one day — hr. — min.

9. Birthplace DUNKERTON (City, town, or county) IOWA (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
FATHER
12. Name THOMAS F RICE
13. Birthplace COUNTY CORK (City, town, or county) IRELAND (State or foreign country)
MOTHER
14. Maiden name CATHRINE SCHOTT
15. Birthplace HARRISBERG (City, town, or county) PENN. (State or foreign country)
16. (a) Informant CATHERINE H. BLACB
(b) Address 318 W BIG BEND RD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES-MO
19. (a) DEC 22 1947 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1947 hour 6:00 minute Ch. M.
21. I hereby certify that I attended the deceased from Nov. 22nd, 1947, to December 19th, 1947; that I last saw her alive on December, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Disease and General	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Paul B. Webb (M. D. or other) M.D.
Address 1915a Sidney Date signed 12/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Gy. Sharon 1915
Mar 1289

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.