

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25851**  
Registrar's No. **6894**

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2019</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1026 Bates</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WINNIFRED</b>		b. (Middle) <b>R.</b>		c. (Last) <b>HAINES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1952</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>Oct. 17, 1892</b>		9. AGE (In years last birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Queens</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Scheider</b>	14. NAME OF HUSBAND OR WIFE <b>Harry Haines</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-28-3391</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Loretta Allen</b>	ADDRESS <b>4332 McRee</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4-5 days</b> <b>Months</b> <b>5 Weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Biliary Cirrhosis</b> DUE TO (c) <b>Cholelithiasis + Emphysema</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Cholelithiasis + Cirrhosis</b> <b>Emphysema of gas bladder Hepatitis + Ascites</b>			

19a. DATE OF OPERATION <b>7/6/52</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>5810</b>
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22. I hereby certify that I attended the deceased from **July 2, 1952**, to **July 13, 1952**, that I last saw the deceased alive on **July 2, 1952**, and that death occurred at **9:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dreuma Hutton, M.D.</b>	(Degree or title)	23b. ADDRESS <b>3606 Grannis</b>	23c. DATE SIGNED <b>7/16/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 17, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 16 1952</b> <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin F. Home</b>	ADDRESS <b>2301 Lafayette Ave.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*James R. Chapman*

Licensed Embalmer No. 4550

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.