

Joseph Haney b. Oct. 3, 1872
d. Dec. 20, 1943

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11511
Registrar's No.

FILED JAN 3 1944 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(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 SISTERS OF POOR 525 N. Florissant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 YEARS 4 MONTHS
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JOSEPH HANEY

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 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 3 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CHAUFFEUR RETIRED

11. Industry or business

12. Name MICHAEL HANEY

13. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE REILLY

15. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant SISTER JEANNE

(b) Address 3225 N. FLORISSANT AVE.

17. (a) BURIAL (b) Date thereof 12-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 22 1943 (b) Registrar's signature J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 12
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. FLORISSANT AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from August 15 1943 to December 20 1943
that I last saw him alive on December 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4 mo.
Duration

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 of physician Arthur J. Donnelly (M.D. or other)

Address 3840 Lindell Blvd Date signed 12-21-43

(Licensed Embalmer's Statement on Reverse Side)

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

Courtesy of
MISSOURI STATE ARCHIVES
P.O. BOX 1747
JEFFERSON CITY, MO 65102