

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10239

APR 24 1929

**1. PLACE OF DEATH**

County St. Louis  
Township Cooper  
City St. Louis (No. 113)

Registration District No. 314  
Primary Registration District No. 5429 B

File No. \_\_\_\_\_  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emmett Hathaway Jr.

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

✓

**3. SEX**

M.

**4. COLOR OR RACE**

W.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF**

child

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov. 2 - 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

4

27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Louis Mo.

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3/29 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
10X  
1.58

**CONTRIBUTORY (SECONDARY)**

Madness from birth  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Char. H. Staley M.D.  
, 19\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

St. Louis Mo

3/30 29

**20. UMBERTAKER**

**ADDRESS**

Lady F. Phillips

St. Louis Mo

PARENTS

**10. NAME OF FATHER**

Emmett Hathaway

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Genery Co - Mo.

**12. MAIDEN NAME OF MOTHER**

Mora M. Reed

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Mo.

**14.**

INFORMANT (Address)

E. H. Hathaway, St. Louis Mo

**15.**

FILED \_\_\_\_\_ 19\_\_\_\_

O. Stenax  
REGISTRAR

Dr. Staley



S-10739