WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

18216

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS, MO. (No. 500 S. KINGS HIGHWAY St. Louis Childrens Hosp St. ..... Ward)

File No. .....

Registered No. 5195

2. FULL NAME HELEN HATCHETT

(a) Residence, No. 910A ACADEMY AV. St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CHILD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-13-30

7. AGE: YEARS 2 MONTHS 4 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS, MO.

FATHER

13. NAME: JOHN Hatchett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILL.

MOTHER

15. MAIDEN NAME: STELLA ARNOLD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILL.

17. INFORMANT (ADDRESS): L. MORRIS 500 S. KINGSHIGHWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon Ill. DATE 5-30, 1932

19. UNDERTAKER (ADDRESS): Meyer Und. Mt Vernon Ill.

20. FILED MAY 30 1932, 19 May C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-29-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-29-32, 19..., to 5-29-32, 19...

I last saw her alive on 5-29-32, 19... Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pertussis (Whooping Cough)~~	~~5-27-32~~
Secondary	~~1-27~~
Bronchopneumonia Acute	5-27-32
Non-Tuberculous	
1576	

Other contributory causes of importance: Pertussis - 2nd previously

Congenital Malformation of heart

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lawrence Goldman, M. D.

(Address) St Louis Childrens Hosp