

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

Do not use this space.

27188

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Bridgeton (No. mo.)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Louis De Hatre  
(a) Residence, No. Bridgeton Mo. St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary De Hatre  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1850  
7. AGE YEARS 81 MONTHS 9 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building  
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) Bridgeton Mo.

13. NAME Antonio De Hatre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florrisant Mo.

15. MAIDEN NAME Martha Wethington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs Mary De Hatre (ADDRESS) Bridgeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ferdinand DATE Aug 5 1932

19. UNDERTAKER Astron Co. & Co. (ADDRESS) 2707 N. Grand

20. FILED 9/7 1932 Emma J. Harris Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1929 to Aug 27 1932  
I last saw him alive on Aug 27 1932. Death is said to have occurred on the date stated above, at 12 pm.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis and arterio-sclerosis  
130 900  
Other contributory causes of importance:  
Hypertension  
Date of onset 6-1-29  
7-15-32

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

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? Yes

If so, specify .....  
(Signed) H. G. Coffman M. D.  
(Address) Patton, Mo.

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.

SEP 27 1932

