

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No.)

Registration District No. 1120
Primary Registration District No. 62450B

File No. 19069
Registered No. 173
St. Ward)

2. FULL NAME

Hiatt, Robert
(a) Residence, No. 5252 Delmar St.,

Ward. St. Louis Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Blankenship Heatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 1894</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Writer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to May 24 1934
I first saw him alive on May 24 1934 Death is said to have occurred on the date stated above, at 509 n.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Advanced
1933
Other contributory causes of importance:
Tuberculous infection

Date of onset
Jan 1933

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Wm Heatt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perreola Mo</u>
	15. MAIDEN NAME <u>Katherine Beldro</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middleton Mo</u>
	17. INFORMANT <u>Koch Hosp Records</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graveside, Maple St. May 25 1934</u>
	19. UNDERTAKER (ADDRESS) <u>4449 Maple St. St. Louis Mo</u>
20. FILED <u>6-24</u> 1934 <u>W. J. Tolson</u> Registrar.	

Name of operation Date of
What test confirmed diagnosis? Sp. test 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?
If so, specify
(Signed) E. S. Margolius
(Address) Koch Mo

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.

JUN 26 1934

Boudier - Edger Ark

7ffmeister