

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.

15204

APR 25 1935

1. PLACE OF DEATH

County Clayton *St. Louis* Registration District No. 1170
Township Central *St. Louis* Primary Registration District No. 624 B.H.
City St. Louis *R. H. No. St. Marys Hospital* St. _____ Ward _____

File No. _____
Registered No. 78
St. _____ Ward _____

2. FULL NAME George Richard Hachtel

(a) Residence, No. 1305 a Shenandoah Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1928.</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>1</u>
		DAYS
		<u>16.</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>Student.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School.</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 ¹⁹³⁵ to April 1 ¹⁹³⁵
I last saw him alive on April 4, 1935 Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia
1700
Other contributory causes of importance:
Tubercular Lesion from Nose End 3-20-35
March

Date of onset
1-10-35

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. Kenton 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? _____
If so, specify _____
(Signed) J. J. Vandover, M. D.
(Address) St. Marys Hosp.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>Missouri.</u>
	13. NAME <u>George Hachtel.</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis.</u> <u>Missouri.</u>
	15. MAIDEN NAME <u>Amelia Felthort.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis.</u> <u>Missouri.</u>
	17. INFORMANT (ADDRESS) <u>George Hachtel</u> <u>1305 a Shenandoah Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>April, 3,</u> 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>A. W. McLaughlin</u> <u>2301 Lafayette Ave.</u>
	20. FILED <u>4/2</u> 19 <u>35</u> <u>Clairude Porten</u> Registrar.

