

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.

APR 26 1937

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

Do not use this space.

13199

1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. 13199
Township St. Charles Primary Registration District No. 3036 Registered No. 48
City St. Charles (No. 723 Clay Ave) St. _____ Ward _____

2. FULL NAME

John Hatfelder
(a) Residence, No. 723 Clay St. St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Hatfelder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 1843</u>		
7. AGE YEARS <u>93</u>	MONTHS <u>4</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Andrew Hatfelder</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Undenow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>John Hatfelder</u> <u>723 Clay Ave St. Louis Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem</u> DATE <u>3-4</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Stock and Co</u> <u>2117 E. Grand Blvd</u>		
20. FILED <u>3/7</u> 19 <u>37</u> <u>Clarence H. Kusler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1936 to March 3, 1937
I last saw him alive on March 1, 1937. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

<u>Essential Hypertension</u>	Date of onset
<u>and Coronary Disease</u>	<u>2</u>
<u>Generalized Arteriosclerosis</u>	<u>2</u>
<u>Abdominal malignancy</u>	<u>2</u>

Other contributory causes of importance:
Acute Heart failure 50 2/27/37
Arteriosclerotic kidney 2/24/37
and Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) R. O. Hayden _____, M. D.
(Address) St. Charles, Mo.

Dr Roll's stay down.
Main Ave

34 3 4
184.3 10-9

93 - 4 73