

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4000** **Cleveland Ave.**) St. **17** Ward
File No. **18325**
Registered No. **4901** St. _____ Ward _____

2. FULL NAME **Elmer F. Hiatt**

(a) Residence, No. **4000 Cleveland Ave.** St. **17** 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 **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 **Sybil R. Hiatt**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 23, 1891**
7. AGE YEARS **45** MONTHS **4** DAYS **20** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Route Supt.**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **St. L. Dairy Co.**
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) **Missouri**

13. NAME **William Hiatt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Katherine Brilbro**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. Sybil Hiatt**
(ADDRESS) **4000 Cleveland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park May 15, 1937**

19. UNDERTAKER **Wheeler F. U.C.**
(ADDRESS) **2707 N. Grand St.**

20. FILED **MAY 14 1937**
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 30, 1933**, to **May 13, 1937**.
I last saw him alive on **May 11, 1937**. Death is said to have occurred on the date stated above, at **4:30 pm**.
The principal cause of death and related causes of importance were as follows:

Bariuma of Lung
Date of onset **May 30, 1933**
Other contributory causes of importance: **H1**

Name of operation **Section taken 440** Date of
What test confirmed diagnosis? **microscopic** 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 **John P. Murphy**, M. D.
(Signed) **John P. Murphy**
(Address) **41-00 Olive St**

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.

31325

