

FEB 12 1938

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

331  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **187**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

**Anna Hatfield 314**  
(a) Residence, No. **5258 Page Ave.** St. **5**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Hatfield**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 23rd, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**78 3 13**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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**

FATHER 13. NAME **Richard Muir**

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

MOTHER 15. MAIDEN NAME **Agnes Baine**

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

17. INFORMANT (ADDRESS) **John Hatfield 5258 Page**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ellsbery, Mo.** DATE **Jan. 8, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Orchman & Harrel 1905 Union Blvd.**

20. FILED **AN 6 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 6th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 23 - 1937 to Jan 6 - 1938**  
I last saw him alive on **Jan 5 - 1938**. Death is said to have occurred on the date stated above, at **2:15 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Mitral Insufficiency**  
**Decompensating Heart**  
**970**  
Other contributory causes of importance:  
**Myocardial Degeneration**  
**Elevated Blood Pressure**  
**Senility**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) **J. P. Murphy**, M. D.  
(Address) **266 N. Kingshighway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state exactly supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by:.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert Sanford*  
Licensed Embalmer No. *2273*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**