

REC'D MAY 10 1938

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

12935
Do not use this space.

3539

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
(a) County..... Registration District No..... 1003
(b) Township..... Primary Registration District No.....
(c) City **St. Louis** (d) Street No. **2601** N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **23** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Whitfield** 3/4
(a) Residence, No. **2747 Clark** St. **22**
(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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 11, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 **7** **-** **-**

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
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) **Mississippi**

FATHER
13. NAME **Steve Hatch**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

MOTHER
15. MAIDEN NAME **Hannah ?**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR INTERMENT
PLACE **Palmer Union Cemetery** DATE **16 April 1938**

19. FUNERAL DIRECTOR (NAME) **Allyn Funeral Home**
(ADDRESS) **215 So. Jefferson**

20. FILED **APR 15 1938** **J. B. Bedeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11**, 19**38**22. I HEREBY CERTIFY, That I attended deceased from **March 12**, 19**38**, to **April 11**, 19**38**I last saw h. or alive on **April 11**, 19**38** Death is said to have occurred on the date stated above, at **7:31a.m.**

The principal cause of death and related causes of importance were as follows:

Diabetic gangrene of left foot Date of onset **3/12/38**

Other contributory causes of importance:

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?
If so, specify.....
(Signed) **Duchan D. Hachmeyer**
(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Chas. Gaine

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Chas. Gaine

Licensed Embalmer No.

2349

P. O. Address

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

If this body is not embalmed, above space should be left blank.