REC'D MAY 6 1938

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

Do not use this space.

15886

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 624

City Jefferson Barracks (No. ..... St. ..... Ward)

2. FULL NAME Ruben HATCHER 326

(a) Residence, No. 1130 North 19th Street St., ... Ward. Saint Louis, Missouri
(Usual place of abode) Unkn. (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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Hatcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) April, 1937

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Ridge Arkansas

FATHER

13. NAME Richard Hatcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

MOTHER

15. MAIDEN NAME Clara Oaks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nat. Cem., Jeff Barr, Mo DATE 4-11 1938

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St.

20. FILED 4-7 1938 J R Meyer M.D. D.V.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938, to April 5, 1938

I last saw him alive on April 5, 1938. Death is said to have occurred on the date stated above, at 11:15 AM

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

	Date of onset
Peritonitis, chronic with acute exacerbation (tuberculous)	Unkn.
30	
Other contributory causes of importance: Acute Tuberculous Prostatitis and Vesiculitis.	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and autopsy 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) C. W. HUGHES, Chief Med. Officer, M. D.

707 (Address) VAF Jefferson Barracks, Mo.

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.

OCT 1 1999