

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20161
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, MO** (d) Street No. **9501** **Isolation Hospital** 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 **4** yrs. **8** mos. **1** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sidney Hatton** **350**

(a) Residence, No. **2910 LEMP AVE** St. **24** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCTOBER 9-1933**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 **8** **1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) **St. Louis, Mo.**

FATHER 13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

MOTHER 15. MAIDEN NAME **Hazel Hatton**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT (ADDRESS) **A. LANE**
5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **June 13**, 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Thor Kertes**
12906 Groves Dr

20. FILED **JUN 11 1938** **J. D. Bredeh** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 10**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **MAY 31st**, 1938, to **JUNE 10**, 1938

I last saw him alive on **JUNE 10**, 1938. Death is said to have occurred on the date stated above, at **5:40 P.M.**

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

Scarlet Fever
Toxin Myocarditis

Date of onset **5-18-38**

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 **Harry J. Blum**, M. D.

(Address) **5600 Arsenal**

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.

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,

Thomas H. Hutt

or by

Walter J. Hutt

Registered Apprentice No., working under my personal supervision.

Signed

Thomas H. Hutt

Licensed Embalmer No.

1619

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.