

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

939 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 23287 Registrar's No. 1110

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH: (a) County Saint Louis (b) City or town University City (c) Name of hospital or institution: 7339 Delmar Blvd (d) Length of stay: In hospital or institution 23 years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Saint Louis (c) City or town University City (d) Street No. 7339 Delmar Blvd. (e) If foreign born, how long in U. S. A. ?

3. (a) PRINT FULL NAME CHARLES F. HATEFIELD

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Paquin Hatfield 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 2 1862 (Month) (Day) (Year)

Table with 4 columns: AGE, Years, Months, Days, If less than one day. Values: 77, I, 20, hr. min.

9. Birthplace Warren Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Organizer and Executive Sect.

11. Industry or business St. Louis Convention Publicity & Tourist Bureau

12. Name Albert Hatfield

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Della Gay

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Frances P. Hatfield (b) Address 7239 Delmar, Blvd.

17. (a) Burial (b) Date thereof June 24-39 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons, (b) Address 7233 Delmar Blvd.

19. (a) JUN 23 1939 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1939 hour 5.05 minute P. M.

21. I hereby certify that I attended the deceased from June 12 1938 to June 22 1939 that I last saw him alive on June 22 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Atherosclerosis 5 yrs

Due to Diabetes 59 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. E. Jones (M. D. or other) Address 4500 Olmsted Date signed June 23 1939

PHYSICIAN Underline the cause to which death should be charged statistically

DR. P. A. BARNES
4500 Olive
2-4 P.M.
Ro-2866

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.