DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37971

Registration District No. 791 DEC 13 1939

Primary Registration District No.

Registrar's No. 9810

1. PLACE OF DEATH: 1003 3

(a) County

(b) City ~~or town~~ St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1144 McCausland Ave. (~~If not in hospital or institution~~, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City ~~or town~~ St. Louis, (If outside city or town limits, write "RURAL") 4

(d) Street No. 1132 McCausland Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH HATFIELD. 314

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband ~~or wife~~ Charles L. Hatfield.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 7, 1854. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	9	hr. min.

9. Birthplace Washington, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Lewis Johnson.
13. Birthplace ? (City, town, or county) N. Carolina. (State or foreign country)

MOTHER
14. Maiden name Ebzab Ferguson.
15. Birthplace (City, town, or county) N. Carolina. (State or foreign country)

16. (a) Informant's own signature Mr. C. White.

(b) Address 1144 McCausland Ave.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11-18, 1939 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 17 1939 (Date received local registrar) (b) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 th. year 1939 hour 10 minute 45 AM M.

21. I hereby certify that I attended the deceased from Nov. 6, 1939, to Nov. 16, 1939; that I last saw her alive on Nov 16, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr	10 days
Due to	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M.D. (M. D. or other)

Address 1131 a McCausland Date signed 11/17

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

Dr. S. B. Helwig,
1131 McCausland Ave.
10 to 11 A.M.

Highland 6768

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 9454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.