AR 2 - 1940

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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8068

Registration District No. 84 Primary Registration District No. 1D1 Registrar's No. 446

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston (If outside city or town limits, write "RURAL")

(d) Street No. 6409 Hobart (If rural, give location)

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

3. (a) PRINT FULL NAME Alice Hatfield 314

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.C.Hatfield

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

7. Birth date of deceased Oct. (Month) 3 (Day) 1861 (Year)

8. AGE: Years 78 Months 4 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business 9

FATHER 12. Name Unknown Sonnrafrank

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant husband, J.C.Hatfield

(b) Address 6409 Hobart, Wellston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Hackmann-Baur

(b) Address St Louis Mo

19. (a) MAR 2 - 1940 (Date received local registrar) (b) R. Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1940 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 2-29-40, 19__, to 3-2-40, 19__; that I last saw her alive on 3-2-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of large bowel	
Due to intestinal obstruction, probably caused by adhesions post op	four days
Due to Appendectomy	
Other conditions (Include pregnancy within 3 months of death) Fracture of right hip, fallen home	one week
Major findings: Of operations Gangrene of large bowel	
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 Milton A. Spitz (M. D. or other)

Address St. Louis County Hosp Date signed 3/2/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.