

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.

Registration District No. **791**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(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:  
**In route to hospital City #1.1**  
(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

3. (a) PRINT FULL NAME **Hugh Vernon Lattimer 356**

3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **497-03-8378**

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

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 9, 1887.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>8</b>	<b>7</b>	hr. min.

9. Birthplace **Kansas 7**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Plaster**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name **George Lattimer**  
 { 13. Birthplace **Don't Know 9**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Sophie Chambers**  
 { 15. Birthplace **Missouria 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Miss Lula Rogers**

(b) Address **6016 Bartmer Ave.**

17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof **April 18/40**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Joe W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **APP 9/19/40**  
(Date received local registrar) (b) **J. F. Besidek**  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis 5**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6060 Horton Place**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **15**  
 year **1940** hour **11.00** minute **A.M.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic Stenosis with**  
**Concentric Cardiac Hypertrophy;**  
**Contrib: Chronic Adhesive Pericarditis**  
 Due to **Nephrosclerosis;**

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_  
(Specify type of place)  
 23. Signature **Alfred Perry 5**  
(M. D. or other)  
 Address **Alfred Perry** Date signed **4-16-40**

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

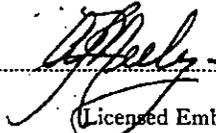
**STATEMENT BY LICENSED EMBALMER**

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. 3225)

P. O. Address. 1125 Hodiament Ave.,

**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.**