

S. No. 2
-11-10-39
-5-17-39
P.I. X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23732
State File No. 6177

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community three days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4010 Greer Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William H Hatz 320
3. (b) If veteran, name war No
3. (c) Social Security No. 488-09-4317

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1940 hour 4:25 A M minute _____ M.

4. Sex Male race White
5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Fischer Hatz
6. (c) Age of husband or wife if alive 56 years

21. I hereby certify that I attended the deceased from June 8
1937 to July 23 1940:
that I last saw him alive on July 23 1940:
and that death occurred on the date and hour stated above.

7. Birth date of deceased December 11 1881
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
58 7 12 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 11 week
(Atherosclerosis)
Due to General Atherosclerosis 10 yrs?
Hypertension

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

Other conditions Arterio Sclerotic 5 yrs
(Include pregnancy within 7 months of death) Heart Disease

10. Usual occupation Superintendent Creamery
11. Industry or business Banner Creamery Co (Ice Cream)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Sabastian Hatz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jost
15. Birthplace USA
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin W. Hatz & Family
(b) Address 4010 Greer Ave 5737 - Campbell St
17. (a) Burial (b) Date thereof July 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetary

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? _____

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St Louis Ave
19. (a) JUL 24 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

In _____ (Specify type of place)
while at work? (e) Means of injury _____
23. Signature A. P. Shuffler (M. D. or other) _____
Address 1010 Ma. Theatre Bld. St Louis, Mo. Date signed 7-23-40

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

60
Kell

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 Julius J. Kaspian

Licensed Embalmer No. 3492

P. O. Address 1936 St. Louis

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.