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10-39
7-39
K21492

FILED OCT 25 1940
791

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 5 years.
years, months or days)

8. (a) PRINT FULL NAME Clara Hatchett
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** Colored **6. (a) Single, widowed, married,**
divorced Married
6. (b) Name of husband or wife Henry Hatchett **6. (c) Age of husband or wife if**
alive 47 years
7. Birth date of deceased 10 8 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Natchez, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Marxoe Robinson
18. Birthplace Natchez Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Winnie Johnson
15. Birthplace Natchez Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Bernhardt
(b) Address 1048 E. 7. Vandeventer

17. (a) _____ **(b) Date thereof** 9-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Gro.
(b) Address 3704 Finney

19. (a) SEP 24 1940 **(b)** J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 72
(If outside city or town limits, write "RURAL")
0
(d) Street No. 104 South Ewing
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20th
year 19 hour 11 minute 20 A. M.
21. I hereby certify that I attended the deceased from August
26th, 1940 to Sept 20, 1940,
that I last saw her alive on Sept 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart Disease

Due to _____
Lues D. J. K.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Luetic Arthritis
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? _____

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

23. Signature E. S. Davis M. D. or other _____
Address Dr. J. W. Wilkerson, St. Mary's Infirmary Date signed 9-24-40

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

Louis V. Atkinson

Licensed Embalmer No. *2842*

P. O. Address *3644 Fin...*

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.