

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis MO
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Home H. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
In this community abt. 14 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Hastings

3. (b) If veteran, name war —

3. (c) Social Security No. 498-10-7547

4. Sex m 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug 24 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 26 hr. min.

9. Birthplace Marshall MO
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business 9

12. Name Henry Hastings

13. Birthplace unknown MO
(City, town, or county) (State or foreign country)

14. Maiden name unknown unknown

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

16. (a) Informant Virginia Hastings

(b) Address 917th no Ewing Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-20-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Bondle & Son

(b) Address 3133 Bell Ave

19. OCT 26 1940 (b) J. J. Bondle
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County —
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 917th no Ewing Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1940 hour 7 minute 00 P. 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 Chronic Myocarditis Duration —

Chronic Interstitial Nephritis

Due to —

Due to —

Other conditions (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? —

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

23. Signature W. J. Bondle (M. D. or other) —

Address St. Louis Date signed 10/26/40

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.

Not Embalmed moved from
Signed: *Morgan*

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.