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FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26783

Registrar's No. 6575

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

1. PLACE OF DEATH:

(a) County

(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: 4449 Wilcox (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4449 Wilcox (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ross Hathaway

3. (b) If veteran, name war Nil

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Hathaway

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September 20, 1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation R. R. Mail Clerk

11. Industry or business Missouri Pacific R.R.

FATHER 12. Name Sam Hathaway

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

MOTHER 14. Maiden name Frances Miller

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

16. (a) Informant Bertha Hathaway

(b) Address 4449 Wilcox

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG 12 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1941 hour 3.00 A.M. minute M.

21. I hereby certify that I attended the deceased from April 10, 1941 to Aug 10, 1941 that I last saw him alive on Aug 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 (M. D. or other)

Address 4040 Hathy Hills Date signed 8/11/41

(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. 1284

P. O. Address St Louis Mo.

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, fact should be so stated above.