S. No. 2
M—5-42
v. 5-17-39
I X32873

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

35449

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9932

FILED DEC 7 1942

Registration District No. 318 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:
5158 Waterman Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 5158 Waterman Ave
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine E. Hatt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Lemuel J. Hatt

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

7. Birth date of deceased October 15, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	12	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Stephen Edgar
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Minerva Atkins
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Alma A. Leaver
(b) Address 5158 Waterman Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) NOV 29 1942 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1942 hour 2:50 PM minute M.

21. I hereby certify that I attended the deceased from Nov 20-1941, 19 to Nov 27, 1942
that I last saw her alive on Nov 27- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 94

Due to

Other conditions none
(Include pregnancy within 3 months of death) 94

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 Nathan Bilsky (M. D. ~~or other~~)

Address 2739 N Grand Ave Date signed 11/28/42

(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.....Francis A. Williamson

Licensed Embalmer No.....3565.....

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.