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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 7 1943

318

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
In this community 5 hrs.
(Specify whether years, months or days)

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. 4828a Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Hatchel

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6, year 1943 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from March 6, 1943 to March 6, 1943 that I last saw her alive on March 6, 1943 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Newborn

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

7. Birth date of deceased March 6, 1943
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER {

12. Name Emory Hatchel

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

14. Maiden name Lillian Beagle

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

16. (a) Informant Ann F. Morrison

(b) Address St. Louis City Hospital.

17. (a) (b) Date thereof 4 29-43
(Month) (Day) (Year)

(c) Place of burial or cremation Crematory, City.

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital, Mo.

19. (a) (b) J. T. Brueck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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) (M. D. or other)

23. Signature T. N. Stok (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 3/9/43

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.....

P. O. Address.....

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.