

FILED JUL 16 1943

Registration District No. **318**

Primary Registration District No. **1005**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1213 Prairie ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **William HATTEN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louise Hatten** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Jan 6 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **American Can Foundry**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm Hatten**

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

14. Maiden name **Margie Cattan**

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

16. (a) Informant **Louise Hatten**

(b) Address **1213 Prairie ave**

17. (a) **Funeral** (b) Date thereof **July 7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. A. Green**

(b) Address **2915 Franklin ave**

19. (a) **JUL 3 1943** (Date received local registrar) **J. F. Bredenk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **911**
(d) Street No. **1213 Prairie** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1** year **1943** hour **10** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **June 29** 19**43** to **July 1** 19**43** that I last saw him alive on **July 1 - 43** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **mitral insufficiency**

Due to **Arterio sclerosis**

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) (e) Means of injury _____

23. Signature **J. D. Johnson** (M. D. or other) _____
Address **3057 E. 60th** Date signed **7-2-43**

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

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.....

G. A. Green

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin*

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.