

FILED MAR 1 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day -**
(Specify whether _____)
In this community **(10 1/2 hrs.)**
years, months or days

3. (a) PRINT FULL NAME: ~~HATTIE APPEL~~ **HATTIE MALONE FIELDER**

3. (b) If veteran, name war: **None**

3. (c) Social Security No.: **None**

4. Sex: **F** **5. Color or race:** **W**

6. (b) Name of husband or wife: **George**

6. (c) Age of husband or wife if alive: **65** years

7. Birth date of deceased: **Aug 30 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	19	— hr. — min.

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

10. Usual occupation: **Housewife**

11. Industry or business: **Own home**

12. Name: **James M. Cornell**

13. Birthplace: **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name: **Sarah E. Ware**

15. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant: **George Fielder**

(b) Address: **2438 Verona Overland Mo.**

17. (a) Burial (b) Date thereof: **2-22-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **McLibannon Cem.**

18. (a) Signature of funeral director: **Baumann Bros Inc.**

(b) Address: **2504 Woodrow rd, Overland Mo.**

19. (a) FEB 21 1944 (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **St. Louis**

(c) City or town: **Overland Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No.: **2438 Verona Overland**
(If rural, give location)

(e) Citizen of foreign country? **No.** (If yes, No. _____)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19**
year **1944** hour **P** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb. 19 1944** to **Feb. 19 1944**
that I last saw h. **ER** alive on **Feb. 19 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Diabetes Mellitus** Duration _____

1. Diabetic coma?

2. Peripheral vascular disease

Due to: **colloidal**

Due to: **U**

Other conditions: **Pyelonephritis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: **pyelonephritis**

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: **M. C. Ahney** (M. D. or other) _____

Address: **BARNES HOSPITAL** Date signed: **2/19/44**

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.