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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19559

Registrar's No. 5897

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: Missouri Baptist Hospital
(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) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Rural
(If outside city or town limits, write "RURAL") NR

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

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

If yes, name country

3. (a) PRINT FULL NAME Willis D. Chatfield

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nettie Bremmer

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

7. Birth date of deceased January (Month) 12 (Day) 1885 (Year)

8. AGE: Years 59 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Hannah Ward

15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant E.B. Chatfield

(b) Address Festus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 30 1944 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Nephritis June 16, 1944, 19, to June 29, 1944, 19; that I last saw him alive on June 29, 1944, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute nephritis	5 days
Due to Complication of toxemia from ruptured duodenal ulcer	7 days
Due to Gastric hemorrhage.	14 days
Pyloric obstruction	14 days
Other conditions Chr Nephritis (Include pregnancy within 3 months of death)	?

Major findings: Of operations Ruptured duodenal ulcer & pyloric obstruction

Of autopsy none

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 G.O. Breckenridge M.D. (M. D. or other)

Address St. Louis Mo 6-30-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1952

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 Albert F. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.