

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

FILED JUL 31 1944
Registration District No. 317

State File No. 1

Primary Registration District No. 6076

Registrar's No. 1399

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robt. Koch
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 mo. 27 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3940 Evans
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Gladie Hatchett

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased (Month) 11 (Day) 22 (Year) 24

8. AGE: Years 19 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business —

12. Name George Hatchett

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

14. Maiden name Bertha Hoet

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

16. (a) Informant George Hatchett

(b) Address 3940 Evans Avenue

17. (a) Burial (b) Date thereof 6-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer

18. (a) Signature of funeral director Wm. D. Gales

(b) Address 4434 E. 12th St. Kansas City, Mo.

19. (a) JUN 29 1944 (b) C. S. G. Gorman, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 44 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3/28 1944 to 6/24 1944

that I last saw her alive on 6/24/44 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 11 mo.

Due to —

Due to 132-1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy Pulmonary tbc, Latent, etc. Papic. Uxcer

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 —

33. Signature Bernard Friedman (M. D. or other) M.D.

Address Koch, Mo. Date signed 6-28-44

JUL 11 1944

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.....

Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.