

FILED DEC 9 1944

Primary Registration District No. 1003

Registrar's No. 9921

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

1. PLACE OF DEATH:

Missouri  
(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:  
5746 Era.  
(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 Charles W. Hathaway

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

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

6. (b) Name of husband or wife Dora Hathaway  
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 4 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 16  
If less than one day hr. min.

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

10. Usual occupation Railroad Engineer

11. Industry or business

12. Name Andy Hathaway  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Hathaway  
(b) Address 5746 Era. Ave.

17. (a) Burial (b) Date thereof 11/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain

18. (a) Signature of funeral director Mark Tieman  
(b) Address 6100 W. Flourish

19. (a) NOV 22 1944 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Mo. St. Louis  
(a) State (b) County  
(c) City or town Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5746 Era.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th  
year 44 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1-7-25 to 11-20-44  
that I last saw him alive on 11-20-44  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction 1940  
on the basis of 1935  
Arteriosclerosis 1930

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

Major findings: no 131  
Of operations  
Of autopsy no  
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 Roy Johnson (M. D. or other)  
Address Ferguson Mo Date signed 11/24/44

**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 Mark T. Hermon

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissant

**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.**