

FILED FEB 7 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 709

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John Hatlan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Hatlan 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 15, 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 3 If less than one day
hr. min.

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

10. Usual occupation Skilled Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Harry Hatlan
13. Birthplace Galecia
14. Maiden name Fanny Unknown
15. Birthplace Galecia
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Hatlan
(b) Address 2700 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/45
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Chulick Ind Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) JAN 28 1945 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2700 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18,
year 1945 hour 7 minute 0 M.

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

Immediate cause of death Lobar Pneumonia

Due to 108

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 Patricia T. Taylor (M. D. or other).....
Address Deputy Coroner Date signed: 20. 45

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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.....

Alex A. Chulick Jr.

Licensed Embalmer No. 4143

P. O. Address. 1727 S. Jeffers

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.