V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11335

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3989

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, Cl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Fayette
(c) City or town Brownstown N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sylvanus Oregon Hiatt
3. (b) If veteran, name war Nil
3. (c) Social Security No. 344-14-9087
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ethel Hiatt
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 17 (Day) 1875 (Year)

8. AGE: Years 69 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Fayette County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business General Building
FATHER
12. Name William Hiatt
13. Birthplace Fayette County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Jane Parkinson
15. Birthplace Fayette County (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mary E. Hiatt
(b) Address Brownstown, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Elmo, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 4 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1945 hour 4 minute 40 a.M.
21. I hereby certify that I attended the deceased from April 24, 1945, to May 3rd, 1945 that I last saw him alive on May 3rd, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia with bilateral pyonephrosis + pyoureter non-calculous — Duration 6 mos?
Due to Urethral obstruction — years?
Due to Prostatic hypertrophy — years?
Other conditions Cardiac hypertrophy & Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Bilat. pyonephrosis. Prostate weighing 200 gms. Cardiac hypertrophy

95

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 F. R. Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 5/3/45

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.