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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **338680**  
**9750**  
Registrar's No.

Registration District No. **318** Primary Registration District No.

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry Hatcher  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt- 62 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation unemployed

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Daisy Galloway  
(b) Address 3626 S. Finney Ave

17. (a) Burial (b) Date thereof 11-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood  
Atkins Bros

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 3644 Finney Ave

19. (a) NOV 15 1946 (Date received local registrar)  
J. J. Brudeck (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. No Home  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 12  
year 1946 hour 6 minute 15 AM.  
21. I hereby certify that I attended the deceased from Nov. 1 1946 to Nov. 12 1946;  
that I last saw him alive on Nov. 12 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Uremia secondary to Nephrosclerosis  
Benign Hypertrophy of Prostate

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No

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 \_\_\_\_\_  
Signature D. W. Brown (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 11/13/46

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2817  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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

*Louis V. Atkins*

Licensed Embalmer No.

*2842*

P. O. Address

*3644 Finney Rd*

**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.**