

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

18900
State File No. 5444
Registrar's No. 5444

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(c) Name of hospital or institution: 2235 - WALNUT, ST
(d) Length of stay: 11 yrs. 1
In this community 11 yrs. 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town ST LOUIS
(d) Street No. 2235 - WALNUT, ST
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jennie Hattis
(b) If veteran, No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28, year 1947 hour 1.30 minute A M.
21. I hereby certify that I attended the deceased from April 16, 1947 to May 28, 1947 that I last saw him alive on May 27, 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color Col 6. (a) Single Widowed Married divorced Wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Mitral Incompetency Duration 6 Mo.

7. Birth date of deceased 6 15 1900
8. AGE: Years 46 Months 11 Days 13

Due to Bronchitis. 7 Mo.

9. Birthplace N.C. (State or foreign country)

10. Usual occupation HOUSE WORK

Other conditions 92
Major findings: Of operations
Of autopsy

11. Industry or business _____

12. Name Wesley GRANT

13. Birthplace UNKNOWN

14. Maiden name MATTHA LITMAN

15. Birthplace UNKNOWN

16. (a) Informant Annie Hawkins (b) Address 2217 Market

17. (a) Removal (b) Date thereof 6-2-47 (c) Place: burial or cremation Pine Bluff Ark

18. (a) Signature of funeral director Jennie Hattis (b) Address 310 3rd Washington

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) JUN 2 (Date received local registrar) J. F. Brecker (Registrar's signature)

23. Signature J. S. Jaques (M. D. or other) Address 302 E. Jefferson Date signed 5/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

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.