

No. 2
-1-47
-17-39

FILED AUG 21 1947
318
Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USING 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: 5025 Union Blvd.
(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 John P. Hathaway

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 Anna Mae Hathaway

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: Feb. 16 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>23</u>hr.....min.

9. Birthplace St. James, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Hathaway Dist. Co.

12. Name James Hathaway

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

14. Maiden name Barbara Hart

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

16. (a) Informant Mrs. Anna M. Hathaway

(b) Address 5025 Union Blvd.

17. (a) burial (b) Date thereof 8/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 11 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5025 Union Blvd.
-7- (If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1947 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1st
1947 to Aug 9th 1947
that I last saw him alive on Aug 7th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to..... 950

Due to.....

Other conditions Chronic myocarditis - Don't know
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause of 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 R. R. Menown (M. D. or other) MLH
Address 5330 Geraldine Rd. Date signed 8-11-47

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.....

Warren A. Carver

Licensed Embalmer No. *3534*

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.