

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 4158 Juniata St 9
Memorial (If rural, give location) J

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE HATCH

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 493-05-9610

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
year 1948 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1/8/48
_____, 19____, to Jan 29th, 1948
that I last saw him alive on Jan 29th, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elise Hatch

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 11-28-1887
(Month) (Day) (Year)

Immediate cause of death _____
Myocardial infarction

Duration 3 wks

Due to Coronary arteriosclerosis hbk

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

<u>60</u>	<u>2</u>	<u>1</u>	hr. _____ min.
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PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Hatch

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

14. Maiden name Della Mann

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

16. (a) Informant Elise Hatch

(b) Address 4158 Juniata St.

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? _____

17. (a) Burial (b) Date thereof 1-31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. J. Gorman

(b) Address 6409 Grayson Ave

19. (a) JAN 29 1948 (b) J. F. Breder
(Date received local registrar) (Registrar's signature)

23. Signature John W. Murphy (M. D. or other) MD
Address 1515 Lafayette 1/29/48
Date signed _____

While at work _____ (Specify type of place) (e) Means of injury _____

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

Thomas W. Fritz

Licensed Embalmer No.

3882

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.