No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6460

Registration District No. FILED FEB 20 1948 318

Primary Registration District No. 1003

Registrar's No. 1132

1. PLACE OF DEATH:
(a) County ST Louis Mo
(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 Homer G. Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2725 LAWTON (If rural, give location)
21
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P. Hatchett
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 21 (Day) 1907 (Year)

8. AGE: Years 40 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Little Rock Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name UNKNOWN
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Hatchett
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant Maggie Hatchett
(b) Address 2725 Lawton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) FEB 3 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Adhesive Pericarditis	
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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 3

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 2-3-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Embd

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 W. 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.