S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14843

Registration District No. 212 Primary Registration District No. 3063 Registrar's No. 971

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13½ hrs (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8117 Manchester
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Hiatt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife George Hiatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 - 29 - 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Georgetown, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name Wesley Coleman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Milinda Kauott
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Son, James Hiatt
(b) Address Li-7766
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 4-16-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1948 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 14th 1948 to April 15th 1948 that I last saw her alive on April 15th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage	Duration
Due to hypertension 830	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 A. Jahn (M.D. or other)
Address 601 Brentwood Blvd Clayton Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.