

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 21576

FILED JUL 6 1948

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1420

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Residence-7436 Warner Avenue  
(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 St. Louis  
 (c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7436 Warner Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOU CATHERINE HATLER  
 3. (b) If veteran, name war none 3. (c) Social Security No. none  
 4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Thomas J. Hatler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 29 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 10th  
 year 1948 hour 11:30 minute 6 M.  
 21. I hereby certify that I attended the deceased from March 25, 1948, to Present, 1948;  
 that I last saw her alive on June 10, 1948,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis Acute  
 Due to Senility 93a  
 Due to \_\_\_\_\_  
 Other conditions Hardening of the arteries  
(Include pregnancy within 3 months of death)

9. Birthplace Paris Tennessee  
(City, town, or county) (State or foreign country)  
 10. Usual occupation St Home  
 11. Industry or business \_\_\_\_\_  
 12. Name unknown Hilliard  
 13. Birthplace unknown Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Nell Burgard  
 (b) Address 7436 Warner Ave., Richmond Heights  
 17. (a) removal (b) Date thereof 6-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Paris, Tennessee  
 18. (a) Signature of funeral director C. R. Lupton & Sons  
 (b) Address 7233 Delmar Bly'd., N. City  
 19. (a) 6-10-48 (b) Beard & Shaffer  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature Sam J. Bawell (M. D. or other) \_\_\_\_\_  
 Address 1200 1/2 Big Bend Date signed 6/11/48

PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

96  
33

SEP 17 1917

3-5

**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 Clarence A. Murra

Licensed Embalmer No. 4911

P. O. Address St Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**