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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 31 1948

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24980  
Registrar's No. 1683

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town OVERLAND  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9445 TUOODR 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3: (a) PRINT FULL NAME HATTIE, MARGARET KEY

3: (b) If veteran, name war \_\_\_\_\_

3: (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race White

6: (a) Single, widowed, married, divorced Widowed

6: (b) Name of husband or wife JOHN F.

6: (c) Age of husband or wife if alive DCD years

7. Birth date of deceased JAN 8 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 0  
If less than one day hr. min.

9. Birthplace CRAWFORD CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER FATHER

12. Name DAVID RUSSEL

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

14. Maiden name UNKNOWN

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

16: (a) Informant FLOYD KEYS

(b) Address 3001 ASHBY ROAD

17: (a) BURIAL (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAK HILL CEMETERY

18: (a) Signature of funeral director BAUMANN BROTHERS INC

(b) Address 7504 WOODSON RD OVERLAND

19: (a) 7-10-48 (b) Paul A. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town OVERLAND  
(If outside city or town limits, write "RURAL")

(d) Street No. 9445 TUOODR  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8<sup>th</sup>  
year 1948 hour 11 minute 26 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on July 27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Cancer of Rectum & Bladder

Due to 462

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 M.A. Schumaker (M. D. or other) \_\_\_\_\_  
Address 8816 S. Charles St Date signed July 8, 48

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

**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.**