

FILED DEC 2 1948 318
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9956

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital (D)
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 Ellenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTHER LOUISE HATCHETT

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl A. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Oct. 2 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace: _____ Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business _____

MOTHER FATHER { 12. Name: Halvor Benson

13. Birthplace: _____ Norway 4
(City, town, or county) (State or foreign country)

14. Maiden name: Minnie Hansen

15. Birthplace: _____ Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant: Earl A. Hatchett

(b) Address: 4223 Ellenwood Ave.

17. (a) Removal (Rail) (b) Date thereof: 11 19 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Rasholt, Wisconsin

18. (a) Signature of funeral director: Kriegshauser Und. Co.

(b) Address: 4228 So. Kingshighway Bl.

19. (a) NOV 16 1948 J. B. Parata
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1948 hour 8:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 11/16/48, 19____;
that I last saw her alive on 11/15/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cachexia due to carcinoma of generalized metastasis of both ovaries 6 mos
Due to: Papillo-adenocarcinoma 3 yrs
Due to: _____

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

Major findings: As above

Of autopsy: _____

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? _____

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

23. Signature: Walter H. Dyer (M.D. or other) _____
Address: 3108 South Grand Date signed: 11/16/48

Duration
6 mos
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Richard W. Stovesand*

Licensed Embalmer No..... *4007*

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.