

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6758

State File No. _____

Registrar's No. 503

FILED MAR 8 1955

317

646

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>646</u>		Registrar's No. <u>503</u>	
1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SAINT LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>56 yrs OVER</u> <u>51 yrs MO</u>		c. CITY OR TOWN <u>OVERLAND</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2415 Wheaton Ave. 14</u>				e. STREET ADDRESS (If rural, give location) <u>2415 WHEATON AVENUE 14</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVELYN</u> b. (Middle) <u>*****</u> c. (Last) <u>HATCHARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 26 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 4, 1899</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES T. REDMOND</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA STARCK</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER L. HATCHARD, 2415 Wheaton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Walter L. Hatchard, 2415 Wheaton Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the Lung</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Sarcoid lung</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>	
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. Mistachkin, M.D.</u>				23b. ADDRESS <u>3903 Olive St</u>		23c. DATE SIGNED <u>2/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SAINT LOUIS, COUNTY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2-28-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L BRIDGE 15</u>			

(Licensed Practitioner's Statement on Reverse Side)

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

No. 300
10. 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph C. Lindner*.....

Licensed Embalmer No...427

P. O. Address...St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.