

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19787

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural-St. Chas. twp.	c. LENGTH OF STAY (In this place) ? hrs.	c. CITY OR TOWN E. St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Willow Woods Lake		e. STREET ADDRESS (If rural, give location) 1018 Pennsylvania Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) W. c. (Last) HATCH			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1915	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 9 Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Hatch	13b. MOTHER'S MAIDEN NAME Ellen Desmond	14. NAME OF HUSBAND OR WIFE Betty Hatch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Hatch, E. St. Louis, Ill.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe injury to chest wall fracturing 13 ribs DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or elsewhere) Willow Woods Lake	21c. (CITY, TOWN, OR TOWNSHIP) St. Charles Co. (COUNTY) 09 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 3 1955 5:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Unknown

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 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE John R. Roberts (Degree or title) M.D.	23b. ADDRESS 3714 Washington St. Louis Mo	23c. DATE SIGNED July 3, 1955
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE July 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery
		24d. LOCATION (City, town, or county) Belleville, Illinois (State)

DATE REC'D BY LOCAL REG. July 4 1955	REGISTRAR'S SIGNATURE Thorne 26284	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kossly Funeral Home, E. St. Louis
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(Licensed Embalmer's Statement on Reverse Side)

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

73AP 26 '55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed

Frank R. Amale

Licensed Embalmer No. *48*.....

P. O. Address *St. Ch*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F 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.