

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

43163

318

1003

11194

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes# No 0	c. CITY OR TOWN Mapelwood		Inside Limits Yes# No 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 7806 Alicia Ave.
3. NAME OF DECEASED (Type or print) First Charles Middle Freeman Last Hathaway			4. DATE OF DEATH Month Dec. Day 7, Year 1956		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager		10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chem		11. BIRTHPLACE (City and state or country) Agosta, Ohio. /	
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME Louis Hathaway		
14. MOTHER'S MAIDEN NAME Eliza J. Hoennoeker			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. 488-05-7459			17. INFORMANT Address Jane Ralphs, Mapelwood, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia Bronchitis and Chronic Emphysema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 1 wk. 1+ yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Duodenal Ulcer 1 yr.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 502.0			
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 29, 1956. to Dec. 7, 1956 and last saw her him alive on Dec. 7, 1956 Death occurred at 4:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. B. Bradley (Degree or title) FR Bradley M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/10/56.		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, St. Louis County, Mo.	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.		25. DATE RECD. BY LOCAL REG. DEC 7 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MD M 8 6					

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Eleanor Province

Licensed Embalmer No. 3

P. O. Address _____

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