

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1958

58-015887  
STATE FILE NUMBER 4428

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4428

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>St. Louis</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. PAC. HOSP.</i>			Length of stay in <sup>1b</sup> <i>80 yrs</i>		d. STREET ADDRESS <i>3926 Minnesota</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>WALTER</i> Last <i>HATTON</i>				4. DATE OF DEATH Month <i>4</i> Day <i>22</i> Year <i>1958</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>2/7/1970</i>		9. AGE (In years last birthday) <i>88</i>		10. IF UNDER 1 YEAR Months <i>1</i> Days <i>4</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired cabinet maker</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Furniture</i>		11. BIRTHPLACE (City and state or country) <i>Worcester, Mass</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John Walter Hatton</i>				14. MOTHER'S MAIDEN NAME <i>Josephine</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Irma Fischer, 3926 Minnesota Avenue</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic H. Dis.</i> <i>Chrus sclerosis</i> <i>Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chrus sclerosis</i> DUE TO (c) <i>Pneumonia</i>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Ca of Rectum Operated - 420.0H</i>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
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.)						
20c. TIME OF INJURY Hour <i>12:25 AM</i> Month, Day, Year <i>4/6/58</i>			20d. INJURY OCCURRED WHILE AT WORK <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 <i>St. Louis</i> COUNTY STATE		
21. I attended the deceased from <i>4/6/58</i> to <i>4/22/58</i> and last saw <sup>him</sup> alive on <i>4/22/58</i> . Death occurred at <i>12:25 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Frank Krone</i> (Degree or title) <i>0</i>				22b. ADDRESS <i>1755 S. Grand</i>			22c. DATE SIGNED <i>4/22/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>Apr. 24, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Missouri</i>				
24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</i>				25. DATE RECD. BY LOCAL REG. <i>APR 23 58</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith MO</i>				

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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 Delis J. Krueger

Licensed Embalmer No. 3

P. O. Address St. La

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.