

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021794

FILED VS MAY 31 1960

Registration District No. [redacted]

Primary Registration District No. 541

Registrar's No. 1476

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		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 Clayton		Length of stay in 1b 4 hrs.	c. CITY OR TOWN Brentwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2624 Salem Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Wilmer C. HATCHER			4. DATE OF DEATH Month May Day 4 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1896	9. AGE (last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY Boilermaker	11. BIRTHPLACE (City and state or country) Knoxville, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm. Hatcher		13b. MOTHER'S MAIDEN NAME Martha Rannels		14. NAME OF HUSBAND OR WIFE Alma Hatcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1		16. SOCIAL SECURITY NO. unk	17. INFORMANT Mamie Lancaster Address Above	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) INTRACEREBRAL Hemorrhage.			5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR Disease	UNKNOWN
	DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS.	UNKNOWN.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year		
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 St. Louis	COUNTY CLAYTON STATE MO
21. I attended the deceased from May 4-1960 to May 4th, 1960 and last saw him alive on May 4th, 1960 Death occurred at 12:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE Emuld C. [redacted] M.D. (Degree or title)		22b. ADDRESS 601 S, Brentwood Bl., Clayton, Mo.		22c. DATE SIGNED 5/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-6-1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Bks. Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE REGD. BY LOCAL REG. MAY 5 1960	26. REGISTRAR'S SIGNATURE John G. [redacted] M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address H. J.

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.