

RECD NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

34259

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 9245
(c) City Saint Louis (d) Street No. 4204 Enright Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Unavailable (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mable Hatton

(a) Residence, No. 4204 Enright Avenue St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hatton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Illinois

13. NAME Mose Johnson
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) "

15. MAIDEN NAME Fannie Brown
16. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Missouri

17. INFORMANT James Hatton
(ADDRESS) 4204 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Oct. 26, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gater
(ADDRESS) 4107-09 Finney Avenue

20. FILED OCT 25 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15th, 1938, to October 23rd, 1938
I last saw her alive on October 23rd, 1938 Death is said to have occurred on the date stated above, at m. a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral Hemorrhage 10/21/38
Other contributory causes of importance: Chl, Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinicla Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify (BRIDGES)
(Signed) William Leary, M. D.
(Address) 941a N. Sarah Street

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____

James A. Johnson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

3522

P. O. Address 4107 Finney Avenue

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 this body is not embalmed, above space should be left blank.