

REC'D MAY 10 1938

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

12836
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Barnes Hospital
(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 yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hattie Margaret Southward 363
(a) Residence, No. St. NR Salem Ill.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR <u>Married</u> (Use the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Southward</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 20th 1883</u>				
7. AGE <u>54</u>	YEARS	MONTHS <u>2</u>	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month, day, and year) <u>Feb 1938</u> and			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co., Illinois</u>				
FATHER	13. NAME <u>Wm Black</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co., Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Rosselia Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co., Illinois</u>			
17. INFORMANT <u>Lee Southward</u> (ADDRESS) <u>Salem Ill.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Ill</u> DATE <u>4-12-38</u>				
19. FUNERAL DIRECTOR (NAME) <u>W.R. Hancock</u> (ADDRESS) <u>Salem Illinois,</u>				
20. FILE <u>APR 12 1938</u> <u>J.P. Riedich</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1938

22. I HEREBY CERTIFY, That I attended deceased from
3-28, 1938 to 4-10, 1938
I last saw her alive on 4-10, 1938. Death is said
to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
Metastases to Lung, ribs,
Liver, Brain from breast
CANCER Date of onset Sept. '35

Other contributory causes of importance:
Broncho-pneumonia 5-25-38

Name of operation Mastectomy Date of Nov. 1935
What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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: _____
(Signed) B.H. Charles, M. D.
(Address) Barnes Hospital

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, 1861

Albert Hopper

or by

Registered Apprentice No. working under my personal supervision.

Signed *Albert Hopper*

Licensed Embalmer No. 1861

P. O. Address

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.