

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5316 North Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5316 North Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1940 hour 12:45 PM 12 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 25th
1938 to April 20th 1940
that I last saw her alive on April 20th 1940
and that death occurred on the date and hour stated above.
Immediate cause of death: Nephritis (Chronic) Duration 2 years

Due to Asphyxiation
Due to _____
Other conditions: Asphyxiation
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury D
23. Signature J. J. Friedrich (M. D. or other) _____
Address 4921 N. Broadway Date signed 4/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Hattie Bates 320
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 16, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 4 _____ hr. _____ min.

9. Birthplace Augslenberg, N.Y. _____
(City, town, or county) (State or foreign country)

10. Usual occupation At home _____

11. Industry or business _____

MOTHER FATHER { 12. Name Southworth
18. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Fred Bates
(b) Address 5316 North Broadway

17. (a) Burial (b) Date thereof 4/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 23 1940 (b) J. J. Friedrich
(Date received local registrar) (Signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leonard Hampton

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo*

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.