

FILED MAR 29 1951

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10159

318

PRIMARY REG. DIST. NO. 1002 Registrar's No. 2211

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2211	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 19 ADDRESS 4448 Olive St. 0			
3. NAME OF DECEASED (Type or Print) Bettie		a. (First)		b. (Middle) A.		c. (Last) Hague	
4. DATE OF DEATH (Month) (Day) (Year) March 8 1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	
8. DATE OF BIRTH Nov. 5, 1919		9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Barnes Hosp.		11. BIRTHPLACE (State or foreign country) LaCygne, Kan. /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph N. Hague		13b. MOTHER'S MAIDEN NAME Bertha Hall		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. J. M. Hague, 3621 Bowen St.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarbituric Acid Poisoning</u> ANTECEDENT CAUSES <u>self administered in his</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>Room 4450 Olive Street</u> <u>on March 5 1951 about</u> DUE TO (c) <u>1041 am</u> II. OTHER SIGNIFICANT CONDITIONS <u>1041 am</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>69702</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT . (Specify) <u>Suicide</u> HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, late factory, street, office bldg., etc.) <u>Room</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 5 5:10 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5:10 AM</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Henry G. Gentry</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3/9/51</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>MAR 9 - 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>C. Hoffmeister Colonial Mortuary</u> <u>6464 Chippewa St. St. Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Louis C. Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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, fact should be so stated above.