

FILED JUL 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 1436

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>543</u>		Registrar's No. <u>1436</u>						
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY OR TOWN <u>Jennings</u> c. LENGTH OF STAY (in this place) <u>NEVER</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2820 Glendale Av</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>Jennings</u> No. _____ d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2820 Glendale Ave</u> 4008								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>J</u> c. (Last) <u>De Hatre</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1954</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 29, 1884</u>		9. AGE (in years last birthday) <u>69</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 2 yrs. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Nicholas Gleich</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Felts</u>			14. NAME OF HUSBAND OR WIFE <u>Mr. Alphonsus De Hatre</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Alphonsus De Hatre, 2820 Glendale</u>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH? <u>years?</u> <u>20 yrs.</u> <u>??</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19 <u>50</u> , to <u>June 18 1954</u> , that I last saw the deceased alive on <u>Sept 17 1954</u> , and that death occurred at <u>10:00 Am.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>W. Schmitt M.D.</u>						23b. ADDRESS <u>6704 W. Florissant</u>			23c. DATE SIGNED <u>June 18 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>6/21/54</u>		REGISTRAR'S SIGNATURE <u>Heather B. Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walth Hermann & Son, Inc., 2161 E. Fair Av</u>							

(Licensed Embalmer - Embalmment 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ellen W. Hoy*.....
Licensed Embalmer No. 373
P. O. Address *S. Linn*.....

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.