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

Do not use this space.

32296

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9708

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME William Wallace Hardeman

(a) Residence. No. 4423 Enright St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nettie Hardeman.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 10-1880

7. AGE: Years 47 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor 23 92
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): austin,
(STATE OR COUNTRY): Travis Co., Texas

PARENTS

10. NAME OF FATHER: William W. Hardeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Texas.
12. MAIDEN NAME OF MOTHER: Laura Albright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): North Carolina

14. INFORMANT: Mrs. Nettie Hardeman
(Address): 4423. Enright Ave.

15. FILED OCT 30 1927, 19..... Max C Starkloff, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 28th 1927.

17. I HEREBY CERTIFY, That I attended deceased from Sept 27 — 1927, to Oct 28 — 1927 that I last saw h.... alive on 10/27 1927, and that death occurred, on the date stated above, at 1:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis pulmonalis
Florida
About (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Aortic Regurgitation
Noticeable in June 1927 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

(Signed) J. T. Breedlove, M.D.
10/29, 1927 (Address) 20 38 N Murphy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Cemetery
DATE OF BURIAL: 10/30 1927.

20. UNDERTAKER: R. C. Houston Jr.
ADDRESS: 4323 W. Pennsy

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. 5457 g.