

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

Do not use this space.

25754

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 308
 City St. Louis (No. 4502, Labadie Ave St. 6 Ward) File No. 1573
 Registered No. 1573

2. FULL NAME

Infant Hardy
 (a) Residence. No. 4802 Labadie St., 6 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 11 hrs. 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 159
 (b) General nature of industry, business, or establishment in which employed (or employer) 150
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Hardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Eppie Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo

14. INFORMANT Charles Hardy
 (Address) 4802 Labadie Ave

15. FILED JUL 23 1928 Max Staroff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 22 - 1928, to July 23 - 1928 that I last saw her alive on July 22 - 1928, and that death occurred, on the date stated above, at 5 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac and Respiratory failure - was about 1 1/2 hours alive - Premature
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature - 8 mos.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161 A
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John P. Murphy, M. D.
 (Address) 2330 E. Center St.

*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 Laurel Hill Cemetery DATE OF BURIAL July 23, 1928

20. UNDERTAKER Dubmann Funeral ADDRESS 1905 Union

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

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.

Dr. Murphy

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