

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

Do not use this space.

16574

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, St. Louis, Mo. (No. 5600, Arzenal)

File No.....
Registered No. 4676
St. 24th Ward

2. FULL NAME

Henry Hardy Jr.

(a) Residence, No. 1114 N. 13th St., 25 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 18, 1918

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
	<u>10</u>	<u>6</u>	<u>2</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER

Henry Hardy Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER

Alberta Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

14.

INFORMANT Lorraine Krower
(Address) 5600 Arzenal St.

15.

FILED APR 23 1929 Wm C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/20 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/19, 1929, to 4/20, 1929 that I last saw him alive on 4/20, 1929, and that death occurred, on the date stated above, at 12:45 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, Meningococci
16 24 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, 1114 N. 13th St.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN ANTOPT? No.

WHAT TEST CONFIRMED DIAGNOSIS? Cult. Th. Th.

(Signed) M. D.

(Address) 7600 Arzenal St.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Kilmichael Maus

DATE OF BURIAL

4/23 1929

20. UNDERTAKER

Dunn Bros

ADDRESS

2152 Jefferson Ave

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.

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