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

Do not use this space.

25885

File No. 7059

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME William Harder

(a) Residence. No. 3609a N Bluff St. Ward. 26

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~Married~~ Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4 - 1860

7. AGE: Years 69 Months 1 Days 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer): Day

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

PARENTS

10. NAME OF FATHER: Fred Harder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Sarah Spoonhold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Oliman Informant

(Address): City Hospital

15. FILED 7/5, 19 Roy O. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to July 3, 1929, that I last saw h. alive on July 3, 1929, and that death occurred, on the date stated above, at 9.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus 7

Left foot

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(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?

(Signed) Johnson, M. D.

7/3, 1929 (Address) City Hospital

*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: New Bethlehem

DATE OF BURIAL: 7/6 1929

20. UNDERTAKER: H. A. Stock and Co

ADDRESS: 2117 E Grand

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

Harder.