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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 2630

Township ..... Primary Registration District No. ..... Registered No. 41

City St. Louis. (No. 1930 North Broadway St. ..... Ward)

2. FULL NAME Julia Hart

(a) Residence. No. 1930 North Broadway St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 1874

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
55	10	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitress
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Mo. Club. Bldg.

9. BIRTHPLACE (CITY OR TOWN) Cahokia, (STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Unknown Palmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cahokia (STATE OR COUNTRY) Illinois.
12. MAIDEN NAME OF MOTHER Mary Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cahokia (STATE OR COUNTRY) Illinois.

14. INFORMANT Mrs. E. Mitchell (Address) 2217 North Broadway

15. FILED JAN -2 1930 19 Max O. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1930

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9 00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. Hurley M. D.
1/2, 1930 (Address) Deputy Coroner

*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 East St. Louis, Illinois. DATE OF BURIAL Jan. 5 1930

20. UNDERTAKER Kurrus Undertaking Co. C. Kurrus, Jr. ADDRESS East St. L Louis.

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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