

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

Do not use this space.

7345

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **City Hospital #2**)

File No.....  
Registered No. **1660**  
St..... Ward.....

**2. FULL NAME**

(a) Residence No. **MARY LEE HARDING** St. **18** Ward.....  
(Usual place of abode) **32218 LASALLE**  
Length of residence in city or town where death occurred **2** yrs. - mos. **14** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **FE**  
4. COLOR OR RACE **C.**  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **SINGLE**  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1-22-1929**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**2 - 14**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **NONE**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS 1**  
(STATE OR COUNTRY) **MO.**

**PARENTS**  
10. NAME OF FATHER **LOGAN HARDIN**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **ILL. 2**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **ROSE SHORTER**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **MO 1**  
(STATE OR COUNTRY)

14. INFORMANT **A. GERTRUDE CREATH**  
(Address) **CITY HOSPITAL #2**

15. FILED **19 1931** **May 2** **Starkley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-6-1931**

17. I HEREBY CERTIFY, That I attended deceased from **2-5-1931**, to **2-6-1931**, and that I last saw h.er. alive on **2-6-1931**, and that death occurred, on the date stated above, at **5:00 A.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**PRIMARY NON-TUBERCULAR BRONCHO-PNEUMONIA**  
**107A** (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **UNKNOWN**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **AT HOME**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? **NO** DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? **YES**  
WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy - CLINICAL**  
(Signed) **Henry C. Hampton** M. D.

**2-6-1931** (Address) **City Hospital #2**

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park Lane** DATE OF BURIAL **2-9-1931**

22. UNDERTAKER **Peoples Undertaking Co.** ADDRESS **Franklin 3700**

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.

