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.

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

Do not use this space. 26833

791
1003

File No.
Registered No. 8032

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. City Hospital St. Ward)

58 31

2. FULL NAME George Hart

(a) Residence, No. 3518 Caroline St. 18 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ruth Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1884

7. AGE: YEARS 47 | MONTHS 2 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Emmett Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. Unknown

MOTHER

15. MAIDEN NAME: Mary Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): City Hospital Records Dept. Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Mt Moriah DATE 7-22 1931

19. UNDERTAKER (ADDRESS): Allen W. McLaughlin 1631 Mon Ave.

20. FILED JUL 20 1931 Nelle C. Starling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20 1931

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to July 20, 1931
I last saw him alive on July 20, 1931. Death is said to have occurred on the date stated above, at 4:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma right, with metastasis to lungs, liver & heart	5 M
Malignant of right kidney	4 M
Other contributory causes of importance: chronic myocarditis	1 Y
Senile debilitas	

Name of operation: Exploratory Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Tracinski, M. D.
(Address) City Hospital #1