

**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**  
**4002**

Township.....

Primary Registration District No. **3 Barnes Hospital**

City **St. Louis Mo.** (No. **13 Barnes Hospital**)

File No. **11586**

Registered No. **2662**

St. .... Ward)

**2. FULL NAME** **Maynard M. Hart**

(a) Residence, No. **3849 1/2 Utah Pl.** St. **16** 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 **Laura Hart.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28 - 1872**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**60 8 20**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Principal**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Rosemont H. School**

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) **Langport, Ontario Canada**

13. NAME **Virgil Hart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U.S.A.**

15. MAIDEN NAME **Adelaide Gellihand**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT **Mrs. Laura Hart** (ADDRESS) **3849 1/2 Utah Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Toronto, Canada** DATE **Mar 29 1933**

19. UNDERTAKER (ADDRESS) **Peltz Bros. 3029 Lafayette St.**

20. FILED **MAR 20 1933** **W. C. Stanley** Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 18 1933**

22. I HEREBY CERTIFY, That I attended deceased from **3-11 1933** to **3-18 1933**

I last saw him alive on **3-18 1933** Death is said

to have occurred on the date stated above, at **3:25 p.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

**Hemorrhage of Brain**  
**Cerebral Arteriosclerosis**  
**Diabetes mellitus**  
**Hypertension, vascular**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

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) **W. H. Olmsted**, M. D.

(Address) **BARNES HOSPITAL**

**3720 Washington**

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.

5-1-33  
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