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

21932

File No.

Registered No. 5680

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

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

2. FULL NAME John Hart

(a) Residence, No. 4169a Delmar St., 17 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: Emma Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1884

7. AGE: Years 49 | Months 7 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maintenance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed
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): St. Louis Mo.

FATHER

13. NAME: John Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Pauline Grendley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati O.

17. INFORMANT (ADDRESS): Emma Hart 4169 Delmar St.

18. BURIAL, CREMATION, OR REMOVAL: Calvary Mausoleum
PLACE ... DATE June 8, 1934

19. UNDERTAKER (ADDRESS): Lucas Funeral Home 4108 Franklin Blvd.

20. FILED: JUN 7 1934, 19.. J. H. Biedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1934, to 6/5, 1934

I last saw him alive on 6/5, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m. at City Hospital.

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

Cerebral Hemorrhage (Apoplectic stroke) 131

Date of onset

Other contributory causes of importance: Hypertension, arteriosclerosis, chronic nephritis

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

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? no

If so, specify

(Signed) William H. Broeder, M. D.

(Address) 1225 Sidney