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.

Registration District No. 791
Primary Registration District No. 1003

File No. 22496
Registered No. 6325

1. PLACE OF DEATH

County ..... Township .....

City St Louis (No. Peoples Hospital, St. ..... Ward)

2. FULL NAME Morris Hart

(a) Residence, No. 2133 Walnut St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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)
M.	Negro	Sep.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8. 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
36	10	15	

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) Tenn.

FATHER

13. NAME St. Elmore Hart.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Carrie Bristol.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) From Hospital Record. Blair W Cotter Peoples Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 6-28 1934

19. UNDERTAKER (ADDRESS) Walter Lichtenberg. 3500 Rutger St.

20. FILED JN 27 1934 19 J. F. Dieck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/1934

22. I HEREBY CERTIFY, That I attended deceased from 6/5/1934 to 6/23/1934

I last saw h. L. M. alive on 6/23/1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

	Date of onset
Acute Myocarditis	
9 3 18	
8 2 17	
9 3 2	

Other contributory causes of importance:

Left hemiplegia	
Following Apoplexy.	4/18/34
caused by cerebral hemorrhage	

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

What test confirmed diagnosis? ..... 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) Elsie M Carter, M. D.

(Address) Peoples Hospital.

AUG 15 194L