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

Do not use this space.

14230

JUN 4 1935

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 128
City Clayton (No. Ladue & McKnight Rd. St. ..... Ward)

2. FULL NAME Wm. F. Hardy, Dr.
(a) Residence, No. Ladue & McKnight St., ... Ward. Clayton RR 3
(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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. artist
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) Ohio

FATHER
13. NAME Frank Hardy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Wm. F. L. Hardy, Clayton RR #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Co. Cemetery DATE 4/16/ 1935

19. UNDERTAKER (ADDRESS) Louis H. Bopp, Clayton

20. FILED 4/14 1935 Robert Jamboretti
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11/35, 19..., to 4/14/35, 19...
I last saw h. alive on 4/13/35, 19... Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmity of old age	
Acute Grip & Pneumonia	
fractured femur of left leg	4 days

Other contributory causes of importance:

Chronic Myocarditis	3 yrs

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?
If so, specify
(Signed) H. L. Meador, M. D.
(Address) 7 So Central Ave Clayton, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD