

AUG 23 1935

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

Do not use this space.

24256

## 1. PLACE OF DEATH

96 County *St. Louis* Registration District No. *785*  
Township *Bonhomme* Primary Registration District No. *3037*  
City *St. Louis* (No. *555 N. Harrison Ave*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. *123*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

7 (a) Residence, No. *555 N. Harrison* St. \_\_\_\_\_ Ward. *Nickwood Mo*  
(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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emilie Casar Hardt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-24-1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*79 5 21*

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

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) *St. Albans Mo*

13. NAME *Julius Hardt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Clara Louisa Schumacher*

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

17. INFORMANT *J. J. Hardt*  
(ADDRESS) *555 N. Harrison Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Madison Ave* DATE *7-18-1935*

19. UNDERTAKER *Louis H. Bopp*  
(ADDRESS) *Nickwood Mo*

20. FILED *7/15-35* *Agnes C. Kelly*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-15-1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 24 1935* to *July 15 1935*  
I last saw him alive on *June 19 1935*. Death is said to have occurred on the date stated above, at *9:30 A.M.*

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

*Cerebral hemorrhage* Date of onset *6-19-35*

Other contributory causes of importance: *Arterio-sclerosis*

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? *no*  
If so, specify \_\_\_\_\_ (Signed) *R. H. Wald*, M. D.  
(Address) *Nickwood 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 CAPITAL LETTERS

