MAR 5 - 1937

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

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Lindell Tower Apts. St. ..... Ward)

File No. 8195

Registered No. 1644

2. FULL NAME Charles Ben Hardin

(a) Residence, No. 3745 Lindell Blvd. St., 19 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: May Fallis Hardin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-5-1870

7. AGE: YEARS 66 MONTHS 9 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Gen. Claim Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service

10. Date deceased last worked at this occupation (month and year) Aug. 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Renick Mo.

FATHER

13. NAME: James H. Hardin

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

MOTHER

15. MAIDEN NAME: Lucy Ann Herold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): May Fallis Hardin 3745 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly Mo. DATE Feb. 8. 1937

19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar Blvd.

20. FILED FEB 6 - 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/35, 19..., to 2/5/37, 19...

I last saw him alive on 2/4/37, 19 ..... Death is said to have occurred on the date stated above, at 7 P.M.

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

	Date of onset
Coronary occlusion	2 days

Other contributory causes of importance:

Angina pectoris	20 yrs
Arteriosclerosis	20
Parkinsons Disease	10 yrs

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? —

If so, specify —

(Signed) [signature] M. D.

(Address) [illegible] Bldg.

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.

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Dr.O.P.J.Falk

Beaumont Bldg.

Jeff.1800