

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
1003

Township.....

Primary Registration District No.

City St. Louis, 7

(No. City Hospital No. 1 /

File No. 8428
Registered No. 1880
St. Ward)

B. 16170

2. FULL NAME

James Hart

(a) Residence, No. 3011 Indiana St. 24 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

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

Ellen Hart

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

March 1, 1860

7. AGE

76

YEARS

MONTHS

11

DAYS

11

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

nil

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) Missouri
(STATE OR COUNTRY)

13. NAME Elliot Hart

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

15. MAIDEN NAME Marg. (unknown)

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Hosp. Info. W. H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flat River Mo DATE 2-14 1937

19. UNDERTAKER Dieyer Funeral Home
(ADDRESS) Flat River Mo

20. FILED 1937

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from
2/8/37 19..... to 2/12/37 19.....I last saw him alive on 2/12/37 19..... Death is said
to have occurred on the date stated above 2:50 p.m.

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

Arteriosclerosis
Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Regenerative Heart
disease

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) J. F. Bredeck, M. D.

(Address) City Hospital No. 1

Registrar.

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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.

OCT 30 1957

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