

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

Do not use this space.

MAY 7 1937

14096

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5230 Nottingham Ave)

File No. _____
Registered No. 3592
St. _____ Ward)

2. FULL NAME

Albert A. Hardy
(a) Residence, No. 5230 Nottingham Ave St., 14 Ward.

(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 Kate R. Hardy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1868
7. AGE YEARS 68 MONTHS 3 DAYS 1 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) about 5 yrs 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Unknown Hardy

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Kate Hardy (ADDRESS) 5230 Nottingham Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 4-5 1937

19. UNDERTAKER Frigo's Chapel Mortuaries (ADDRESS) 2718 So. Grand Highway

20. FILED APR 2 1937 J. B. Bredel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1937, to April 1, 1937. I last saw him alive on April 1, 1937. Death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
arteriosclerosis
Date of onset ?

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) Max Starbuck, M. D.
(Address) 5-12 D. new St.

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 Starkloff

512 Denver Pl

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