

AUG - 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

(No. St. John's Hospital

File No. 26040

Registered No. 7215

St. Ward)

2. FULL NAME David Arthur Hart Jr.

(a) Residence, No. 6456 Wise Ave. St. 4 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)

Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1937

7. AGE

YEARS

0

MONTHS

2

DAYS

23

If LESS than 1 day, hrs. or min.

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

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

Infant

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Mo.

13. NAME David Arthur Hart

14. BIRTHPLACE (CITY OR TOWN) Troy

(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Catherine Ethel Franzen

16. BIRTHPLACE (CITY OR TOWN) Troy

(STATE OR COUNTRY) Illinois

17. INFORMANT David Arthur Hart Sr.

(ADDRESS) 6456 Wise Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy Illinois DATE 7-30 1937

19. UNDERTAKER Kriesshauser Mortuaries

(ADDRESS) 4228 So. Kingshighway

20. FILED

JUL 20 1937

J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 29 1937, to July 28 1937

I last saw h. i. m. alive on July 28 1937. Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Date of onset

Marasmus caused by malnutrition

Other contributory causes of importance:

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) C. H. Bowden, M. D.

(Address) Missouri Theatre 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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