

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

32556
 Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **8610**
 (c) City..... **St. Louis** (d) Street No. **Christian Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Hardy

(a) Residence, No. 4235 John Ave St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm Hardy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 67 8 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 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

FATHER 13. NAME Gustave Sandrock
 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Moeller
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mrs C Hill (ADDRESS) 6110 Emma Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Sept 15 1937

19. FUNERAL DIRECTOR A. Krone & Sons (ADDRESS) 2707 N. Grand St

20. FILED 9-14-37 J. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1937 to Sept 12 1937
 I last saw her alive on Sept 12 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:

Septicemia -
due to Epidemic
(Thyphoid fever)

Date of onset

Other contributory causes of importance:

17

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) William Brokelman, M. D.
 (Address) 1918 East Grand

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.

OCCUPATION 35
 FATHER 10
 MOTHER 10
 2-1-899-2

STATEMENT BY LICENSED EMBALMER

I, Elton R H Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton R H Remelius

Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)