

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.

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

Do not use this space.

Isolation Hospital.

32826

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Isolation**) St. .... Ward)

File No. ....  
 Registered No. **8880**

**2. FULL NAME** Effie Hardy.

(a) Residence, No. **3623 Roswell.** St., **1** 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 **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 **Charles H. Hardy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10 Oct 7, 1897**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>44</b>	<b>2</b>	<b>15</b>	

OCCUPATION  
 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. **House Wife.**  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union, Mo**

FATHER 13. NAME **Francis M. Clark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. Y.**

MOTHER 15. MAIDEN NAME **Lannie Hawkins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Carver, Mo**

17. INFORMANT **Stella Grady** (ADDRESS) **5600 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **9-25-1937**

19. UNDERTAKER **Southernland Co.** (ADDRESS) **St. Louis**

20. FILED **SEP 25 1937** **J. F. Bredbeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 18, 1937**, to **Sept. 22, 1937**  
 I last saw h. e. r. alive on **Sept. 22, 1937**. Death is said to have occurred on the date stated above, at **8:10 a. m.**

The principal cause of death and related causes of importance were as follows:  
**Encephalitis Epidemica.**

Date of onset **9-15**

Other contributory causes of importance: **11**

Name of operation **none** Date of.....  
 What test confirmed diagnosis? **autopsy** 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) **James J. Hirsch**, M. D.  
 (Address) **5600 Arsenal**

STATEMENT BY LICENSED EMBALMER.

I Frank Ludwig Licensed Embalmer # 2504

hereby certify that the body recorded on the reverse side of this  
certificate was embalmed by L. E. Frank Ludwig # 2504

Frank Ludwig

L. E. 2504