WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

1007
Do not use this space.

1. PLACE OF DEATH FEB 12 1938

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 863

(c) City St. Louis (d) Street No. De Paul 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 Orla Liless Hart 630

(a) Residence, No. 1319 Pennsylvania Ave. St. NR Nellston Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Irene Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1894

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 43 | 1 | 29 | |

OCCUPATION

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

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Kansas

FATHER

13. NAME Albert U. Hart

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

MOTHER

15. MAIDEN NAME Ida Wald

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

17. INFORMANT (ADDRESS) Mrs, Irene Hart 1319 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd

20. FILED JAN 25 1938 19 J. H. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Jan 22-38, 19

I last saw him alive on Jan. 22, 1938. Death is said to have occurred on the date stated above, at 10.45 P.M.

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

Cerebral Embolism — Date of onset Jan 17 38

Other contributory causes of importance:
Rectal abuse; cause unknown — about Jan. 10-38

Name of operation none. Date of none

What test confirmed diagnosis? none Was there an autopsy? no.

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? no.
If so, specify none.

(Signed) R. I. Ingler, M. D.

(Address) 4128 Newstead Av.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, Fred Frick, Licensed Embalmer No. 3186

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

L. E.

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

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

**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.)**