

17 1938

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

33290  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Normandy Primary Registration District No. 200  
(c) City Overland (d) Street No. 9002 Tudor Ave. (in Ambulance) Registered No. 1515  
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter A. DeHart  
(a) Residence, No. 9900 St. Charles Road St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Station Attendant  
9. Industry or business in which work was done, as saw mill, bank, etc. Gasoline (self)  
10. Date deceased last worked at this occupation (month and year) 9/1/38 11. Total time (years) spent in this occupation 6 yrs

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

FATHER 13. NAME Lewis DeHart

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

MOTHER 15. MAIDEN NAME Elizabeth Woods

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

17. INFORMANT (ADDRESS) Clarence O. DeHart R#7 Overland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem DATE 9-17-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bennett Bros Overland, Missouri

20. FILED SEP 17 1938 W. H. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1938, to Sept 14, 1938  
I last saw h. i. m. alive on Sept 14, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypertension  
Coronary Thrombosis  
Date of onset 1933

Other contributory causes of importance: None  
Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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 no, specify \_\_\_\_\_  
(Signed) Herman J. Klockner, M. D.  
(Address) 9621 Backland St.

NOTE - 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Carl Hillman*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Carl Hillman*

Licensed Embalmer No. \_\_\_\_\_

*3501*

P. O. Address \_\_\_\_\_

*Cresland, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**