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.

REC'D JUN 12 1939

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

17099
Do not use this space.

791
1003
4633

1. PLACE OF DEATH
(a) County 3 Registration District No. 1003
(b) Township 1 Primary Registration District No. Registered No. 4633
(c) City St. Louis (d) Street No. Mississippi River + Potomac 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 630 Charles George Hardt
(a) Residence, No. 3514 Shenandoah St. 17
(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: Theresa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1901

7. AGE: YEARS 37 MONTHS 5 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Mello Pala Soda Water Co
10. Date deceased last worked at this occupation (month and year) May 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER
13. NAME: Theodore Hardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

MOTHER
15. MAIDEN NAME: Mary Schmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

17. INFORMANT (ADDRESS): J. Menestrina East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill. DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kurrigs Und. Co. East St. Louis, Ill.

20. FILED MAY 22 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1½ p.m.
The principal cause of death and related causes of importance were as follows:
Asphyxiation due to drowning when he jumped into the Mississippi River at the foot of Chouteau Ave on May 16 - 1939 at about 1½ P.m.
Date of onset
Other contributory causes of importance:
Suicide
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/16, 1939
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 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 .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, C. G. Kurrus Jr, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed C G Kurrus Jr

Licensed Embalmer No. 3162

P. O. Address E. St. Louis,

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

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