DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37916

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9755

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County 6

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5550 Nat. Bridge Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Claude Hargrave 626

3. (b) If veteran, name war none

3. (c) Social Security No. 702-12-6828

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bessie Hargrave

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 17th, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	28	_____ hr. _____ min.

9. Birthplace Indiana (City, town, or county) _____ (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mo. Pacific R. R.

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Bessie Hargrave

(b) Address 5550 Nat. Bridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/39 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 16 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1939 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-13, 1939 to 11-15, 1939 that I last saw him alive on 11-14-39, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Bronchial Pneumonia	
Coronary artery disease	
Due to Cardiac hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Coronary sclerosis. Bilateral Bronchopneumonia	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? 1 (e) Means of injury

23. Signature Geo. W. Blankenship (M. D. or other)

Address 1755 S. Grand Date signed 11-15-39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANK—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R M Sanford

Licensed Embalmer No. 2273

P.O. Address St Louis

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

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