

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-17-39

803

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38341  
Registrar's No. 10180

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 29 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Kenneth Harding 635  
3. (b) If veteran, name war \_\_\_\_\_  \_\_\_\_\_  
3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased October 20, 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 0 19 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business X  
MOTHER FATHER { 12. Name William Harding  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Karnoff  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Morrison  
(b) Address City Hospital, #1

17. (a) Burial (b) Date thereof 11-28-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Edw Van Horn  
(b) Address City Hosp

19. (a) NOV 20 1939 (b) \_\_\_\_\_  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County X  
(c) City or town St. Louis XX  
(If outside city or town limits, write "RURAL")  
(d) Street No. No Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9,  
year 1939 hour 8:20 minutes P. M.  
21. I hereby certify that I attended the deceased from October 12, 1939 to November 9, 1939  
that I last saw him alive on November 9, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Geo M. Cole (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, 11/20/39

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**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.....

*Myself*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *R. E. Campbell*.....

Licensed Embalmer No. *3881 City 179*.....

P. O. Address *St. Louis 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.