DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 134

Registration District No. 1701 Primary Registration District No. Registrar's No. 134

1. PLACE OF DEATH:

(a) County 1003

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

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs (Specify whether
In this community 18 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Rutger St
(If rural, give location)

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

3. (a) PRINT FULL NAME Robt. Hardwick 632

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 2, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	6	2	hr. min.

9. Birthplace Somerset, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Never Employed

FATHER
12. Name Andrew Hardwick
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie Miller
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mamie Hardwick
(b) Address 920 Rutger St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40
(Month) (Day) (Year)
(c) Place: burial or cremation New St, Marcus Cem.

18. (a) Signature of funeral director W. H. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JAN 5 1940 (Date received local registrar) (b) J. Hardwick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1940 hour 11 minute 05 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Haemorrhage due to fracture of skull, suffered in falling to floor while attempting to go to bath-room at City Sanitarium, January 4th, 1940, about 7:30 A.M.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence January 4th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 1.5.40

(Licensed Embalmer's Statement on Reverse Side)

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.

Midge took information on second code -

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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayette

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.