

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 825

## 1. PLACE OF DEATH:

(a) County St. Louis **RECORDED FEB 17 1940**  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 3645 Page Blvd. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME James Hart 6303. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Kate Lynch 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased Sept. 29 1875  
(Month) (Day) (Year)8. AGE: Years 64 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Engineer R.R.11. Industry or business Retired 012. Name James Hart 518. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)14. Maiden name Catherine Mc. Keon15. Birthplace Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Hart(b) Address 3645 Page Ave.17. (a) Burial (b) Date thereof Jan. 29, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Cullinane Bros.(b) Address 1710 N. Grand Blvd.19. (a) JAN 27 1940 (b) J. J. Rudolph  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3645 Page Blvd.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from Jan 26, 1940, to Jan 29, 1940; that I last saw him alive on Jan 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis

Duration

2 1/2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

28. Signature C. A. Cameron (M. D. or other)Address 1816 N. Grand Date signed 1-22-40

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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.....

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

Signed *Fred Triak*

Licensed Embalmer No. *3186*

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.**