

WRITE PLAINLY—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9064
Registrar's No. 2547

Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital /
(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 days

3. (a) PRINT FULL NAME L. C. Hardin,

3. (b) If veteran, --- name war --- 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 28 1915
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Trenton Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Boy

11. Industry or business _____

12. Name Luther Hardin

13. Birthplace Trenton Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Burnett

15. Birthplace Trenton Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Garnie Powell

(b) Address 2238a Cass Ave.

17. (a) Burial (b) Date thereof Nov. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Charles Bates

(b) Address 1407 Finney Avenue

19. (a) _____ (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Saint Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2624 Washington Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1940 hour 1:47 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Punished wound of head, suffered when shot with shotgun in the hands of one Richard Hambley about 1:47 am, March 13, 1940 in store at 2212 1/2 Washington Delmar Ave

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 _____ as due to external causes, fill in the following:

(a) Accidents, suicide, or homicide (specify) Homicide

(b) Date of occurrence Mar. 13, 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? _____

While at work? _____
(Specify type of place) (Specify means of injury)

28. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 3.14.40

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.