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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30372
7649

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

Filed SEP 25 1940

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hos,
(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 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis Mo. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2803 Gamble St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillie Bell Hardy
3. (b) If veteran, name war — — — —
3. (c) Social Security No. None
4. Sex Female
5. Color or race Col,
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ** P
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 6 (Day) 1917 (Year)
8. AGE: Years 23 Months 4 Days 1 If less than one day hr. min.
9. Birthplace Glendorin (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Housework.
11. Industry or business
MOTHER FATHER
12. Name Solomon Hardy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Rosie Gans.
15. Birthplace Vickburg (City, town, or county) Miss. (State or foreign country)
16. (a) Informant
(b) Address 2803 Gamble St.
17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 9 (Month) 13 (Day) 40 (Year)
(c) Place: burial or cremation Glendorin, Miss.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) SEP 12 1940 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1940. hour 3 00 minute P. 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 Laceration and Hemorrhage of Brain Fracture of Left Leg
Due to suffered about 3.00 A. M.
Due to Sept 2-1940 when Struck
Other conditions Sedan driven by
(Include pregnancy within 3 months of death) Peter Koelen Col. Colored
Major findings: Of operation Body found near
Of autopsy Dupo Jct on Highway
Caused manner of same Co

Duration

PHYSICIAN

Underline the cause to which death should be coded statistically.

22. Death was due to accident, suicide, or homicide, as in the following:
(a) Accident, suicide, or homicide (specify) Hit & Verdict
(b) Date of occurrence 9/2/40
(c) Where did injury occur? Dupo Jct (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature Joseph M. Leeper (M. D. or other)
Address Deputy Coroner Co.

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Bo

....., Registered Apprentice No. Jmpf

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis M

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

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