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No. 2
11-10-39
5-17-39
L 221492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **33569**
8266
Registrar's No.

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 17 Days
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT EDMUND
FULL NAME Edmund Harder

3. (b) If veteran, name war None 3. (c) Social Security 493-07-4688

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

6. (b) Name of husband or wife Louise Harder. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 28, 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Carpenter

12. Name Arnold Harder.

13. Birthplace ? Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Ida Schneiderhinze.

15. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Harder.

(b) Address 5721 Terry Ave.

17. (a) Burial (b) Date thereof 10-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) Oct 4 1940 (b) J. F. Bricker
(Time received for burial) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5721 Terry Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2,
year 1940 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from August
15, 1940, to October 2, 1940

that I last saw him alive on October 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to arteriosclerosis + hyaline

Due to 17 1/2

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy arteriosclerosis, atherosclerosis of heart, pulmonary stenosis, mural thrombus, heart

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 John J. Meany (M. D. or other)

Address 515 Lafayette Ave. Date signed 10/2/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Henry M. Branner....., Registered Apprentice No. 3
working under my personal supervision.

Signed Leonard W. Hauger.....

Licensed Embalmer No. 2678

P. O. Address St. Louis, Missouri

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.