DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34201

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8898

FILED NOV 1 1940

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

1. PLACE OF DEATH:

(a) County

(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 Hospital No. 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether
In this community 36 years years, months or days)

3. (a) PRINT FULL NAME Edna Bernice De Hart

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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 August (Month) 31 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	28	hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER

12. Name Elijah G. DeHart

13. Birthplace Tuggles Gap (City, town, or county) Va. (State or foreign country)

MOTHER

14. Maiden name Martha E. Brown

15. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leona DeHart

(b) Address 4059 Westminster

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Missouri.

18. (a) Signature of funeral director Alexander & Boz

(b) Address 6175 Delmar

19. (a) OCT 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Missouri (If outside city or town limits, write "RURAL") 19

(d) Street No. 4059 Westminster (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1940 hour 1 minute 00 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	Duration
Bronchopneumonia (Primary)	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature (M. D. or other)

Address Deputy Coroner Date signed

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. Wm. Brinkley

Licensed Embalmer No. 365

P. O. Address St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.