

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36423

State File No.

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 1917

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
720 Harvard Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community about 35 years
years, months or days)

3. (a) PRINT FULL NAME ALBERT J. HARE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie E. Hare 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 27 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation retired traveling salesman

11. Industry or business Swift & Co.

12. Name William Hare

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

14. Maiden name Mary Anderson

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

16. (a) Informant Helen Hare

(b) Address 720 Harvard Ave.

17. (a) burial (b) Date thereof 10/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons Inc.

(b) Address 6175 Delmar Blvd.

19. (a) OCT - 9 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 720 Harvard Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1940 hour 10 a.m. M.

21. I hereby certify that I attended the deceased from Jan
10 1930 to Oct 8 1940
that I last saw him alive on Oct 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Parenchymatous

Due to _____

Due to Diabetic Mellitus

Other conditions 59

(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No

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) none

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

(Specify type of place)

While at work? _____ (e) Means of injury none

23. Signature Dr. J. H. Hannon (M. D. or other)

Address 2743 N. Grand Date signed 10-9-40

