No. 2
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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. 37245
9518

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No.

FILED DEC 21 1940

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: Homer G 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 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St Louis (If outside city or town limits write "RURAL") 11
(d) Street No. 3816 Cook Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Will Harding
3. (b) If veteran, name war No
3. (c) Social Security No. 492-03-3868
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella
6. (c) Age of ~~husband or~~ wife if alive 45 years
7. Birth date of deceased 2 (Month) 22 (Day) 1892 (Year)
8. AGE: Years 48 Months 8 Days 24 If less than one day hr. min.
9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Will Harding
13. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Ella Harding 3816 Cook
(b) Address
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Benjamin Lowe
(b) Address 3103 Washington
19. (a) NOV 20 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th year 1940 hour 2:00 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 — Duration
Ruptured Aortic Aneurysm;
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) No
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? (b) Means of injury
23. Signature [illegible] (M. D. or other) 5
Address Deputy Coroner Date signed 11-18-40

(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 Elon Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

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