

No. 2  
4-13-40  
1-17-39  
X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

15927

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 880

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 4/17/41  
(Specify whether years, months or days)

In this community Unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2933-A Franklin Avenue.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - / 1 years.

3. (a) PRINT FULL NAME William Hardin

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 4, 1878  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>63</u> | <u>0</u> | <u>17</u> | hr. min.             |

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

10. Usual occupation Stationary Fireman.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 4-25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 4107 Fanny Ave.

19. (a) APR 24 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st.  
year 1941 hour 8:10 minute a.m.

21. I hereby certify that I attended the deceased from April 17, 19 41 to April 21, 19 41  
that I last saw him alive on April 21, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency,  
Due to \_\_\_\_\_ and \_\_\_\_\_  
Duration Unknown.

Due to Nephritis, chronic, with edema and abnormal retention of nitrogen.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Duration Unknown

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations 1218

Of autopsy No autopsy.

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) NO

(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) (c) Means of injury.

23. Signature [Signature] (M. D. or other) MD

Address C. W. HUGHES, M.D., Chief Medical Officer. Date signed 4/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

*Mrs. Catherine  
1938*

**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.....

..... James A. Johnson .....

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

working under my personal supervision.

Signed..... *James A. Johnson* .....

..... Licensed Embalmer No. 3522 .....

..... P. O. Address. 4107 Finney Ave. .....

**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, fact should be so stated above.**