

No. 2
4-13-40
-17-39
I X23159

STANDARD CERTIFICATE OF DEATH
1003

State File No. 20574
Registrar's No. 5386

FILLED JUL 21 1941

Registration District No. 791

Primary Registration District No.

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hr. 46 min.
(Specify whether
In this community 4 hr. 46 min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 009
17
7

(a) State Missouri (b) County.....

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

(d) Street No. 8581 Drury Lane
(If rural, give location) 08

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME (Died unnamed) De Hart

3. (b) If veteran, name war.....

3. (c) Social Security No.....

20. DATE OF DEATH: Month June day 29
year 1941 hour 9 minute 50 P.M.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased June 29, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29, 1941 to June 29, 1941 that I last saw him alive on June 29, 1941 and that death occurred on the date and hour stated above:

8. AGE: Years Months Days If less than one day
14 hr. 46 min.

Immediate cause of death aspiration pneumonia

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

Due to new Born

10. Usual occupation Infant

Due to aspiration of fluid during birth

11. Industry or business.....

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Victor Ray De Hart

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

14. Maiden name Helen Louise De Hart

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

Major findings: Of operations.....

Of autopsy 10/15/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Victor Ray De Hart

(b) Address 8581 Drury Lane

22. If death was due to external causes, fill in the following:

17. (a) Cremation (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Place: burial or cremation Valhalla Crematory

(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?.....

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 30th St.

While at work?.....
(Specify type of place) (c) Means of injury.....

19. (a) JUN 30 1941 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

23. Signature Emma Phelan M.D.
Address 5321 Bartmer Date signed.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.