S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33025

Registration District No. 7941

Primary Registration District No. 1003

Registrar's No. 7977

**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: 3607 N. 20th St.
(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 about 37 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 3607 N. 20th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Milo J. Hart

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 23, 1880
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 2 | 12 | hr. min. |

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

10. Usual occupation night watchman

11. Industry or business W. P. A.

MOTHER FATHER

12. Name Hiram Hart

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

14. Maiden name Eva Pittman

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

16. (a) Informant Estella Hart

(b) Address 3607 N. 20th St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) OCT 6 1941 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 5 year 1941 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 27 ~~Oct 5~~, 19 41 to Oct. 5, 19 41 that I last saw him alive on Oct 4, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis — Duration 1 yr.

Due to

Due to

Other conditions Anasarca — 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

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)

(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 Herman L. Winters (M. D. or other)

Address 2728 N. 11. St. 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 Charles J. Goodhart

Licensed Embalmer No. 2377

P. O. Address St. Louis Mo

**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.**