

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____
if years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4401 West Belle
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Kathryn Hardie

3. (b) If veteran; name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 5 3 _____
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name Booker Chissell
13. Birthplace Petersburg VA
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Arnett
15. Birthplace Woodville Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Hardie

(b) Address 4401 West Belle

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Hardie

(b) Address 4202 Finney Ave

19. (a) APR 7 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 26, 1942 to April 3, 1942
that I last saw her alive on April 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Burn Rt. foot
Gangrene Rt. Foot
Caulus Amputation Rt. leg
Due to Burn to tars Rt. leg.
Due to Also Diabetes mellitus

Other conditions 181
(Include pregnancy within 3 months of death)

Major findings: Of operations 19
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 7 1942
(c) Where and injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Not water hole - burn
at foot (Specify type of place)
While at work? (a) Means of injury _____
23. Signature Edward Massey (M.D. or other)
Address BARNES HOSPITAL Date signed 4-4-42

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

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. *2548*

P. O. Address. *2769 Chouteau*

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.