

Registration District No. 7911

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: Barnard Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3624 Shaw
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles R. Hardin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 0 male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura Hardin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 15 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Sam Hardin
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hannah
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Smith

(b) Address Barnard Hospital

17. (a) Rail (b) Date thereof 4/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 3 1942 J. F. Orsted
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1942 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from 3-21, 1942, to 4-3, 1942
that I last saw him alive on 4-3-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia
Duration 6 weeks

Due to _____

Due to 7th a

Other conditions (include pregnancy within 3 months of death) 17

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Clarence D. ... M. D. or other) _____
Address Barnard Hosp. ... Date signed 4-3-42

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 Wm H. Pfitzinger, Registered Apprentice No. 315 working under my personal supervision.

Signed Ray W. Wilkinson
Licensed Embalmer No. 3575
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, above space should be left blank.