S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

154670

State File No.

FILED MAY 11 1942

Registration District No. 184

Primary Registration District No. 111

Registrar's No. 1007

96
8
3

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town ich. Hgts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7523 Delmar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME CLARK GRIER HARDEMAN

3. (b) If veteran, name was no

3. (c) Social Security No. 488-01-4090

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased April (Month) 26 (Day) 1883 (Year)

8. AGE: Years 59 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Robert Vines Hardeman
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Ellen Griswold
15. Birthplace — (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mrs Clark Grier Hardeman
(b) Address 7523 Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 7 - 1942 (Date received local registrar) (b) E. G. McHarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 15, 1941, to May 5, 1942
that I last saw him alive on May 5, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis & heart block	chronic
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension 260/110	chronic
Interstitial Nephritis	chronic

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) NO
(b) Date of occurrence No
(c) Where did injury occur? No (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 Thomas C. St John (M. D. or other) M.D.
Address Metropolitan Bldg. Date signed 5/6/42

707 (Licensed Embalmer's Statement on Reverse Side)

Dr. T. C. St. John
Metropolitan Bldg - JC 4141
2130 + 3

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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.

St Louis Mo