

FILED SEP 10 1942

318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2358

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:
2421a South Ninth Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Unknown
years, months or days)

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. 2421a So. 9 th. St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bertha M. Harden

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Harden 6. (c) Age of husband or wife if 65 years

7. Birth date of deceased October 23 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 8
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business.....

12. Name Jacob Kern

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

14. Maiden name Elizabeth Hedgpeth 9

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

16. (a) Informant John Harden

(b) Address 2421 So. 9 th. St.

17. (a) Burial (b) Date thereof 9/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Hacker-Clawson Emb. Co.

(b) Address 3634 Gravois Ave

19. (a) SEP 2 1942 J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 st.
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 28 to 8/31, 1942
that I last saw him alive on 8/31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease 3 years

Due to.....

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
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?
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature William H. Broecker M.D.
Address 1225 Osbrey Date signed 9/2/42

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.....

Frank J. O'Hara

Licensed Embalmer No.....

10615

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.