

FILED SEP 4 1942
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Registrar's No. 7275

Registration District No.

Primary Registration District No. 1003

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: St. Louis Childrens Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hrs.
(Specify whether
In this community 30 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 000 (b) County 17
(c) City or town St. Louis mo. 021
(If outside city or town limits, write "RURAL")
(d) Street No. 2330 Pine St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 5-30 minute 00 M.
21. I hereby certify that I attended the deceased from March
18 - 3 am, 1942. March - 19 - 5:30 am 1942.
that I last saw her alive on March - 19 - 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 157

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 R. J. Bluffner (M. D. or other)
Address Dr. J. C. ... Date signed

3. (a) PRINT FULL NAME HARDY, Baby G. R. H.

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

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

7. Birth date of deceased March - 18 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 hr. min.

9. Birthplace St. Louis, mo mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name unknown

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

14. Maiden name Carrie Hardy

15. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

16. (a) Informant H. Wellman

(b) Address 500 S. Kuegel Highway

17. (a) Autopsy Date thereof AUG 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Hosp

18. (a) Signature of funeral director W. ...

(b) Address AUG 31 1942 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

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, fact should be so stated above.