U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28790

State File No. 7629

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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: 5462 Clemens Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 005 17 5 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5462 Clemens, Ave., (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EFFIE VIOLA HARDING.

3. (b) If veteran, name war none

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 Thomas M. Harding.

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

7. Birth date of deceased Sept. (Month) 16th (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name JohnCOBannon
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Loven
15. Birthplace Buffalo, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Thomas M. Harding
(b) Address 5462 Clemens, Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd

19. (a) SEP 14 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th year 1942 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 14, 1925 to Sept. 12, 1942; that I last saw h. as alive on Sept. 11, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (or Thrombosis?) Rt. side of brain	1 month
Due to: General Arteriosclerosis	
Due to: Hypertension	3 yrs.
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	

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

23. Signature Hiram L. Triggett (M. D. or other) MD
Address 3720 Washington Date signed 9/12/42

844 (Licensed Embalmer's Statement on Reverse Side)

7629

7629

Dr. Hiram Liggett.
3720 Washington
JE-1551
Hrs. 1-3 PM.

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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: Clarence H. Murray

Licensed Embalmer No. 4011.

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.