S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38812

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10262

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: Missouri Baptist Hospital. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 175

(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 THOMAS MANNING HARDING.

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

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Effie V. Harding. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December, (Month) 16, (Day) 1867. (Year)

8. AGE: Years 74. Months 11. Days 20. If less than one day hr. min.

9. Birthplace Newton, (City, town, or county) New Jersey! (State or foreign country)

10. Usual occupation Insurance Adjuster..

11. Industry or business Porter & Harding Co.,

FATHER
12. Name Theodore Harding.
13. Birthplace Otisville, (City, town, or county) New York. (State or foreign country)

MOTHER
14. Maiden name Mary Manning.
15. Birthplace Newton, (City, town, or county) New Jersey! (State or foreign country)

16. (a) Informant Mrs Willis W. Fanning.
(b) Address 5462 Clemens Ave.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) DEC 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 6th, year 1942. hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 26, 1942, to Dec 6, 1942, that I last saw him alive on Dec 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary abscess (Both lungs) (Not Tubercular) — Duration 5 Wks

Due to Bronchiectasis — Dont Know

Due to Left Ing. Hernia — Dont Know

Other conditions (Include pregnancy within 3 months of death) Obstruction of Colon, Acute Appendicitis — 1 day

Major findings: Of operations Acute Appendicitis, Adhesions Obstructing Colon, Ing. Hernia

Of autopsy Multiple abscess of Lungs & Bronchiectasis.

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 John D Haynes (M. D. or other)

Address [illegible] Date signed 12-7/42

(Licensed Embalmer's Statement on Reverse Side)

Dr John Hayward.
Metropolitan Bldg.
JE: 4141
Res:- 119 No. Bemiston
Pa: 7779.
Ans. -

10262

10262

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.