V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8354

FILED MAR 25 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2440

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 420
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2513 N. 20th Street
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dorothy Ann Hardin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased February (Month) 28 (Day) 1943 (Year)

8. AGE: Years -- Months -- Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Alvin Hardin
13. Birthplace Sikeston (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Goldie Moore
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant Alvin Hardin
(b) Address 2513 N. 20th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Beiderwieden Fun'l Home Inc.
(b) Address 1936 St. Louis Ave.
19. (a) MAR 4 - (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from Feb. 28, 1943, 19..., to March 14, 1943 that I last saw her alive on March 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute respiratory obstruction (aspirated hominy) — Duration
Due to Debilitation Cause unknown
Due to Capillary bronchiolitis
Due to
Other conditions (Include pregnancy within 3 months of death)
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 Wm. White Jr. (M. D. or other)
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Embalming, Registered Apprentice No. ....., working under my personal supervision.

No

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis Ave

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.