V. S. No. 2
0M—5-42
ev. 5-17-39
I 32073

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8356

MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2317

1. PLACE OF DEATH:

(a) County MO

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 407 S. Ewing 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17

(c) City or town ST. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 407 SO. EWING
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Dan. HARDY

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex MALE

5. Color or race Negro

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 SEPT (Month) — (Day) 1860 (Year)

8. AGE: Years abt. 83 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Columbia, Miss, (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name Lewis. HarDy
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Nancy Morris
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jessie HarDy

(b) Address 2824 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park. Cem

18. (a) Signature of funeral director Willie Robinson

(b) Address 1805 Division St.

19. (a) (Date received local registrar) MAR 1 0 1943 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 6 - year 1943 hour 3 a.m. minute a. M.

21. I hereby certify that I attended the deceased from 2-25-43 ....., 19...., to 3-6-, 1943 that I last saw him alive on 3-5-, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 Dr Edward Beller (M. D. or other)

Address 2901 E Lockade, ave. Date signed 3-8-43

(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~~ —

—, Registered Apprentice No. —,

working under my personal supervision.

Signed Chas. L. Howell

Licensed Embalmer No. 2457

P. O. Address 2834 Gamble

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.