

REGISTRATION DISTRICT NO. 828

Primary Registration District No. 1004

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 weeks (Specify whether years, months or days)

In this community 7 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

Street No. 1413 N 9th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Franklin Harden

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

4. Sex M 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: March 6 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	1	24	hr. min.
---	---	----	----------

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie L. Harden

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

14. Maiden name Mildred Sanfield

15. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Harden

(b) Address 1413 N 9th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. G. Burles

(b) Address 1419 S 3rd St

19. (a) MAY 1943 (Date received local registration) (b) J. J. Medsker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 43 hour 5:30 minute am M.

21. I hereby certify that I attended the deceased from 4-24-43 to 4-30-43, 1943
that I last saw him alive on 4-30-43 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia

Due to _____

Due to _____

Other conditions 101
(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? _____

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

23. Signature A. S. Davis (M. D. or other)
Address 1036 Poplar Date signed 5-2-43

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

Charles Howell

Licensed Embalmer No.

2452

P. O. Address

2534 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.