S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16171

FILED MAY 19 1943 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4403

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

**1. PLACE OF DEATH:**

(a) County

(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:
1422 A. N. WHITTIER /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000 17 9 11

(a) State Missouri (b) County

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

(d) Street No. 1422 A. N. Whittier
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME BERTHA GARHARDING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife JAMES HARDING

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb. (Month) 17th. (Day) 1895 (Year)

8. AGE: Years 48 Months 2 Days 20 If less than one day hr. min.

9. Birthplace IRONTON, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name WILL HARDEN
13. Birthplace IRONTON, MO. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name HATTIE SIDES
15. Birthplace IRONTON, MO. (City, town, or county) 0 (State or foreign country)

16. (a) Informant JAMES HARDING
(b) Address 1422 A. N. WHITTIER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAY 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7
year 1943 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from 2/26/43, 19, to 5/7/43, 19
that I last saw her alive on 5/7/43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and rectum — Duration unknown

Due to Primary in Uterus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy clinical

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 0

23. Signature [signature] (M. D. or other)

Address 3100a Lucas Ave. Date signed 5/10/43

(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

William C. McDowell, Registered Apprentice No. 2114,

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1117 N. Taylor

**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.**