

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5606

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:
7950 North Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME John B. Hart

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, Married

6. (b) Name of husband or wife Mamie E. Hart nee Sharp 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 18, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 30 hr. min.

9. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER { 12. Name Pleasant H. Hart

13. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Warehime

15. Birthplace Unknown Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie E. Hart

(b) Address 7950 North Broadway

17. (a) Burial (b) Date thereof 6/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 10 1943 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7950 North Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1943 hour 2:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 17
_____ 1943 to June 17 1943
that I last saw him alive on June 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature W. E. Parker (M. D. or other) W. E. Parker
Address 4005 W. Fairview Date signed 6/18/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.