

Registration District No.

313

Primary Registration District No.

Registrar's No.

5996

## 1. PLACE OF DEATH:

(a) County..... **Saint Louis, Missouri.**  
 (b) City or town.....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Missouri Pacific Hospt**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT  
FULL NAME*John Charles Harts*3. (b) If veteran,  
name war.....3. (c) Social Security  
No. **None**4. Sex **Male**5. Color or  
race **White**6. (a) Single, widowed, married,  
**2** divorced. **Widowed.**6. (b) Name of husband or wife.....  
**Emma Harts**6. (c) Age of husband or wife if  
alive..... years7. Birth date of deceased.....  
(Month) **October** (Day) **6th** (Year) **1876.**

8. AGE:

Years  
**66**Months  
**8**Days  
**23**

If less than one day

hr. min.

9. Birthplace **Saint Louis,**  
(City, town, or county)**Missouri.**  
(State or foreign country)10. Usual occupation **Foreman Switch Crew.**

11. Industry or business

12. Name **? Harts.**13. Birthplace **Unknown**  
(City, town, or county)**Unknown** **9**  
(State or foreign country)14. Maiden name **Unknown**15. Birthplace **Unknown**  
(City, town, or county)**Unknown** **9**  
(State or foreign country)16. (a) Informant **Edmond Harts**(b) Address **5625 Rosa Ave.**17. (a) **Burial** (b) Date thereof **July 2, 1943.**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mount Hope Cemetery.**18. (a) Signature of funeral director **Gegeker Bros.**(b) Address **6409 Gravois Ave.**19. (a) **JUN 30 1943**  
(Date received local registrar)**J. J. Bruck**  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....  
 (c) City or town..... **Saint Louis,**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5625 Rosa Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**  
year **1943** hour **8** minute **15** P. M.21. I hereby certify that I attended the deceased from  
**April 30** 1943, to **June 29** 1943  
that I last saw him alive on **June 29** 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Degenerative Heart disease**

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 sta-  
tistically.

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) Means of injury **0**23. Signature **Harold Spule** (M. D. or other)  
Address **1755 S. Grand.** Date signed **6/29/43**

**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 *Juddie A. Ziegler*

Licensed Embalmer No. *2270*

P. O. Address *6409 Brevoort*

**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.**