

23055

State File No. _____

Registrar's No. 6218DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHRegistration District No. 218Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Inf. O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
 (Specify whether
 In this community 21 days
 years, months or days)

3. (a) PRINT FULL NAME JANE HART3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 9 1867
(Month) (Day) (Year)8. AGE: Years 76 Months 3 Days 28 If less than one day hr. _____ min. _____9. Birthplace ? Soussanal
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business at Home12. Name Balden13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Martha Balden(b) Address Droothmill17. (a) Removal (b) Date thereof July 9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St. Louis Ill18. (a) Signature of funeral director J. Marshall(b) Address 2205 No. Ave. East St. Louis Ill19. (a) JUL 9 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Louis
 (c) City or town Brooklyn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 300 Jefferson St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 12 minute 30 P. M.21. I hereby certify that I attended the deceased from June 16, 1943, to July 7, 1943
that I last saw him alive on July 7, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Pericarditis
Myocarditis
Chronic Nephritis

Due to _____

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)Major findings: noOf operations no

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)
(a) Means of injury _____23. Signature D. Deane M.D. or other _____Address Legg St Date signed 7/8/43

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 1-1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben. H. Baldurin
Licensed Embalmer No. 2420
P. O. Address E. 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, above space should be left blank.