

FILED AUG 30 1943

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether)

In this community 18 years
years, months or days

3. (a) PRINT FULL NAME Mack Hardy

3. (b) If veteran, name war. No.

3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eastie Unknown Hardy 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 17, 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER, FATHER { 12. Name Henry Hardy

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

14. Maiden name Unknown

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. L. Adams

(b) Address 2221 Franklin Ave

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4110 Enright Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2,
 year 1943 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 13, 1943 to August 2, 1943
 that I last saw him alive on August 2, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Autopsy: Duodenal Ulcer
Internal Hemorrhage, Adhesive Pleuritis, Pulmonary Edema.

Due to:

Due to:

Other conditions: 117
(Include pregnancy within 3 months of death)

Major findings: 117

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? Washington Park
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Washington Park (Specify type of place) (c) Means of injury

23. Signature J. E. Smith (M. D.)
 Address 2601 N. Whittier Date signed 8/5/43

Duration Unk.

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

James A. Shivers
.....
Licensed Embalmer No. *3522*.....

P. O. Address.....

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.