

FILED DEC 29 1943 18
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 11290

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: 2 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 16 ds.
(Specify whether years, months or days)

In this community 25 yrs.

3. (a) PRINT FULL NAME ARTHUR F. HARDING

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced mar.

6. (b) Name of husband or wife Berthe Harding

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Apr. ? 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 ? hr. min.

9. Birthplace not known Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name not known Harding

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Suffer

(b) Address 5400 Arsenal St

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec 20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Weg St Marcus

18. (a) Signature of funeral director Southern

(b) Address 6322 S Grand

19. (a) DEC 20 1943
(Date received local registrar)

J. J. Brudeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County 17

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

(d) Street No. 1315 Blackstone
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17,
year 1943 hour 3.15 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1st. 45 to Dec. 17, 19 43
that I last saw him alive on Dec. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Broncho Pneumonia

Duration 6 yrs. x
5 ds.

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Walter L. Moore (M. D. or other) MD.

Address 5400 Arsenal St Date signed 12-18-43

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

2.15.1.72

101 .42

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..... *Virgil L. Bennett*
Licensed Embalmer No..... *4818*
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.