

FILED JUL 15 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19775**

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **6009**

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:  
4535 LINDELL  
(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 ELLEN T. HARDY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: JAN 17 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 17 If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace: St. Louis Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK AT HOME

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 12. Name JAMES J. HARDY  
 13. Birthplace FRANKFURT IRELAND  
(City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH O'NEIL  
 15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Mayfield  
 (b) Address 4535 Lindell

17. (a) BURIAL (b) Date thereof July 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William Kelly  
 (b) Address 4386 Lindell

19. (a) JUL 5 1944 (b) J. F. Bruner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4535 LINDELL  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4  
 year 1944 hour 2 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 1940 to July 4 1944  
 that I last saw her alive on July 3-4 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to Senility

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 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) (e) Means of injury

23. Signature Jos. Kepler (M. D. or other) \_\_\_\_\_  
 Address 3509 714th Date signed 7-5-44

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

3504 N 14th St  
Dea 9784

**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.....

*Clement McNeary*

Licensed Embalmer No.....

*3782*

P. O. Address.....

*St. Louis*

**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.**