

S. No. 2  
M-5-43  
5-17-39  
I X36871

FILED OCT 6 1944

11003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether 0)  
In this community 14 days  
years, months or days

3. (a) PRINT FULL NAME Randolph James Hardman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife none

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

7. Birth date of deceased September 16 1944  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Boyce P. Hardman

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

14. Maiden name Amelia Kroft

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

16. (a) Informant Boyce P. Hardman

(b) Address 4616 Sulphur

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-2-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd

19. (a) OCT 2 1944 (Date received local registrar) J. J. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town city of St. Louis (If outside city or town limits, write "RURAL") 17 14

(d) Street No. 4616 Sulphur  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1944 hour 12:20 minute P.M.

21. I hereby certify that I attended the deceased from Sept 16, 1944, to Sept 30, 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration

Premature Birth

Due to Inanition 14 days

Due to \_\_\_\_\_

Other conditions 151  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature J. J. Brueck (M. D. or other)  
Address 5417 N. Grand Date signed 9/30/44

APR 6 100 000

**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. Berryman*.....  
..... 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.