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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 6076

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21244 0

Registrar's No. 1540

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)

In this community: 37 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

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

(d) Street No.: 1710 Goode Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Thomas C. Hardy

3. (b) If veteran, name war: World 1

3. (c) Social Security No. 493-09-9964

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Pearl Hardy

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

7. Birth date of deceased: July 2, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	11	4	hr. min.

9. Birthplace: Newton, (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: Odd Jobs

11. Industry or business: ---

MOTHER FATHER

12. Name: Russell Hardy

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

14. Maiden name: Lula Thompson

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

16. (a) Informant: CLIN. CLERK VET. ADM. FACILITY

(b) Address: Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation: National Cemetery

18. (a) Signature of funeral director: Chas. J. Gates

(b) Address: 4107 Finney Avenue

19. (a) JUN 19 1945 (Date received local registrar) E. B. McCowan, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 6 year: 1945 hour: 8:55 minute: A. M.

21. I hereby certify that I attended the deceased from May 24, 1945, to June 6, 1945; that I last saw him alive on June 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: CANCER OF LEFT LUNG — Duration: Unknown

Due to: --

Due to: --

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No Operations

Of autopsy: No 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): No

(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? (Specify type of place)

While at work: (e) Means of injury: 0

23. Signature: E. V. EDWARDS, MAJOR M.C. Clinical Director

Address: VET. Adm. Fac., Jeff. Brks, Mo. Date signed: 6/6/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1945

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.