

FILED AUG 3 1945

Registration District No. **318** Primary Registration District No. **2005**

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

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:  
Missouri Pacific Hospital  
(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 William Charles Hart

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laurie Ann Hart 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased August 31 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 24 hr. min.

9. Birthplace Reynolds County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Rogers  
15. Birthplace Reynolds County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Mae Hart  
(b) Address 1211 Mississippi Ave.

17. (a) Burial (b) Date thereof 7-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Flat River, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) JUL 26 1945 J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Iron Mountain  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1945 hour 1 minute 50 A M.

21. I hereby certify that I attended the deceased from July 23, 1945 to July 25, 1945  
that I last saw him alive on July 25, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Resurgent Cerebral hemorrhage Duration 2 days  
Due to Hypertensive Cardiovascular disease years

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature John Crave (M. D. or other) \_\_\_\_\_  
Address 1755 S. Grand Date signed 7/25/45

SEP 10 1945

SEP 18 1945

William Charles Hart

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

*John Agorski*

Licensed Embalmer No. *3398*

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.**