

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11190

**FILED** APR 5 1946  
318

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

Primary Registration District No. 1002

Registrar's No. 2018

1. PLACE OF DEATH:

(a) County St. Louis Mo

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

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County \_\_\_\_\_

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

(d) Street No. City of St. Louis  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Hardt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male race White

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

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) 1899

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation none

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

12. Name John Hardt

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Thomas J. Callahan

(b) Address 3500 Rutledge St. St. Louis Mo

17. (a) \_\_\_\_\_  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. R. Rintner

(b) Address 3500 Rutledge St. St. Louis Mo

19. (a) MAR 28 1946  
(Date received by registrar) J. F. Brumack  
(Registrar's signature)

Immediate cause of death: acute pneumonia, bacterial

Due to acute pneumonia

Due to fall from floor at the City of St. Louis

Other conditions: 10/23/1946 at about 12:30

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

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

Of autopsy 186

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mar 23 1946

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

23. Signature Clyde Perry  
(M.D. or other) 3/17/46  
Date signed

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

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.**