. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34776

FILED OCT 15 1946

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2049

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 169 DAYS (Specify whether

In this community 5 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County —

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3835 BLAINE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIE FRANK HARDY

3. (b) If veteran, name war 0

3. (c) Social Security No. 356-07-5242

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 11 (Month) 20 (Day) 1910 (Year)

8. AGE: Years 35 Months 10 Days 12 If less than one day hr. min.

9. Birthplace JACOB (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation MACHINE OPERATOR

11. Industry or business FACTORY

FATHER
12. Name WINFORD HARDY
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name BERTHA BALL
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant HOSPITAL RECORD, KOCH HOSP.

(b) Address KOCH, MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Buchanan Cemetery 1751

18. (a) Signature of funeral director Oscar E. Schroeder

(b) Address Chester, Ill.

19. (a) 10-6-46 (Date received local registrar) (b) Ruth Rollen MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4/16, 1946 to 10/2, 1946 that I last saw h 1 m alive on 10/2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS	? 1 yr.
Due to	
Due to 136	
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 0

23. Signature David Freedman (M. D. or other) MD

Address KOCH HOSP., KOCH, MO Date signed 10/2/46

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1 1953

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.....Oscar C. Schroeder.....

Licensed Embalmer No.....1751.....

P. O. Address.....Chester, Ill.....

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.