. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25594
Registrar's No. 6521

FILED JUL 21 1947

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Phillips Hospt
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 No 15th St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 25
If yes, name country

3. (a) PRINT FULL NAME Albert Harden
3. (b) If veteran, name war --------
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 1 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	0	4	hr. min.

9. Birthplace Trenton (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Retired
11. Industry or business -------
FATHER
12. Name Elbert Harden
13. Birthplace Trenton (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Josephine Holloway
(b) Address 1428 N. 15th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk; Cem.
18. (a) Signature of funeral director Jordan Funeral Home
(b) Address 1245 Glasgow Ave.
19. (a) JUL 10 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1947 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 4, 1947, to July 5, 1947; that I last saw him alive on July 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular Disease; Cerebro-vascular accident	Undet.
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	Undet.

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 O. Daniels (M. D. or other)
Address 2601 N. Whittier Date signed 7/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Beaffice E. Cooper Registered Apprentice No. 505, working under my personal supervision.

Signed: James Shyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington Ave

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.