S. 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. 28965

FILED SEP 8 1947 #76845 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8181

1. PLACE OF DEATH:
(a) County .....
(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: St. Louis City Hospital-Max C
(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 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street Starkloff Memorial 1522 a Hamilton 9 6 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WALTER DE HART
3. (b) If veteran, name war no
3. (c) Social Security No. yes
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Marguerite De Hart
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. 20 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	61	0	7	..... hr. ..... min.

9. Birthplace Olney, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business Schoenberg Market 39th Street
FATHER
12. Name Elija De Hart
13. Birthplace Va. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Martha E. Brown
15. Birthplace ..... (City, town, or county) (State or foreign country) 9
16. (a) Informant C. E. DeHart
(b) Address Box 131 R.1 O'Fallon, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar
19. (a) AUG 28 1947 (Date received local registrar) (b) W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1947 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from 8/25/47 ....., 19....., to August 27th, 19 47 that I last saw him alive on August 27th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	1 wk
Due to Perforation of ulcer of large bowel	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy above	

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 0
23. Signature C. R. Mueller (M. D. or other)
Address 1515 Lafayette Date signed 8/27/47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.