

3. No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2150

State File No. _____
Registrar's No. 1

Registration District No. 310 Primary Registration District No. 6051

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town "Rural" St. Charles Twpn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Charles County Home
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town "Rural" St. Charles Twpn
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles County Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Hart
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased February 20-1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 19 hr. min.

9. Birthplace Big Spring, Montgomery County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Truck farmer

MOTHER FATHER { 12. Name Noah Hart
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

{ 14. Maiden name Liza Jane McGarvin
15. Birthplace Montgomery County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Bauer
(b) Address 404 Morgan--St. Charles, Mo.

17. (a) burial (b) Date thereof Jan 11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director: H.C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd--St. Charles, Mo

19. (a) 1-15-48 (b) Haine Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1948 hour 4:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from
Jan 1st 1948 to Jan 9th 1948
that I last saw him alive on Jan 9th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broken Compensation
Due to Myocardial insufficiency
Due to Arterio sclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration
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? _____ (c) Means of injury _____
23. Signature A.P. Eruch Schurz (M. D. or other) _____
Address St. Charles, Mo. Date signed 1/11/48

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

RECEIVED
DEPT. OF HEALTH OFFICER NO. 9
1/23/20

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..... *Joseph J. Lambert*
Licensed Embalmer No. *4189*
P. O. Address *St. Charles Mo*

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.