No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3500

FILED JAN 21 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 162

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Route 8, Lemay.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route 8-Box 424
(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. Louis 96
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. Route 8-Box 424
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK S. HARDEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel Harden
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May (Month) 11 (Day) 1900 (Year)

8. AGE: Years 47 Months 8 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation PUMP TENDER
11. Industry or business POMONA TURBINE Co.
FATHER
12. Name George Harden
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hillman
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mabel Harden
(b) Address R-T 8, Box 424
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) 1-19-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 17 year 1948 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from April, 1947 to Dec 2, 1947 that I last saw him alive on Dec 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J. Granet (M. D. or other)
Address 5621 S. Bolmay Date signed 1/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....V E Morris.....

Licensed Embalmer No.....3360.....

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.