

No. 300
-10-47
-17-39
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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14160**
3810
Registrar's No. _____

FILED APR 30 1948
Registration District No. _____

Primary Registration District No. **1003**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Will Hardy**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Jennie Hardy** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **12 18 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 4 1 hr. min.

9. Birthplace **Cadiz, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hod Carrier**

11. Industry or business _____

12. Name **Henry Hardy**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Whorton**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha Brame**

(b) Address **4324c Evans**

17. (a) **Burial** (b) Date thereof **4-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Wade Granberry**

(b) Address **4202 Finney Ave**

19. (a) **APR 22 1948** (b) Registrar's signature **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4062 a Finney**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
 year **1948** hour **6** minute **48 p.m.**

21. I hereby certify that I attended the deceased from
April 11, 1948, to April 19, 1948;
 that I last saw him alive on **April 19, 1948;**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage; Hypertensive Encephalopathy

Duration **Undet.**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **No**

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **Oscar L Daniels** (M. D. or other)
 Address **2601 N Whittier** Date signed **4/19/48**

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..... *Melvin E. Green*.....
Licensed Embalmer No..... *4428*.....
P. O. Address..... *St. Louis, 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.