. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

14172

State File No.

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3773

1. PLACE OF DEATH:

(a) County

(b) City or town St. Lous
(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 13 dys (Specify whether
In this community
years, months or days)

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. 2330 Biddle St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zadie Hart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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 April (Month) 12 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	0	7	hr. min.

9. Birthplace Friendship (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Ephraim Hart
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Paralee Scales
15. Birthplace Friendship (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Lillian Harris
(b) Address 4406 West Belle

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton Tenn.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) APR 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 19
year 1948 hour 4 minute 55 PM.

21. I hereby certify that I attended the deceased from
April 6, 1948, to April 19, 1948
that I last saw her alive on April 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Arteriosclerotic Heart Disease
with Auricular Fibrillation

Due to

Due to

Other conditions Uterine Fibroma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration
Undet.

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

23. Signature Oscar L Danillo (M. D. or other)
Address 2601 N Whittier Date signed 4/20/48

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1948

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 Fulton E. Culkin

Licensed Embalmer No. 4198

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.