No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14985

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 935

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

Via Railway

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandys
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3709 Melba Pl.
(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 Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Caroline Harting

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles Harting

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased February (Month) 14, (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	1	27	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown Marshall
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. T. C. Birch
(b) Address 3709 Melba Pl.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Kentucky

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 4-12-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11th year 1948 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from 4-11-48 ....., 19....., to 4-11, 1948 that I last saw her alive on 4-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to 830	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 W. E. Moore MD (M. D. or other) MD
Address 7301 Natural Bridge Rd Date signed 4-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Normandy 21 Mo

Dr. Wm. E. Moore (3-5)
7301 Natural Bridge

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 Albert R. Thompson Jr.

Licensed Embalmer No. 42837

P. O. Address St. Louis

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.