

No. 10-47
17-39
PI 3506

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27777
State File No. _____
Registrar's No. 7258

FILED AUG 28 1948

Registration District No. 312

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
28 Kingsbury Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 14 # 28 Kingsbury Place 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine A. Hardy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced W. /
6. (b) Name of husband or wife Dr. Joseph A. Hardy 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Sept. 15th., 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Keokuk Iowa /
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown /
(State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Dr. Joseph A. Hardy Jr.

(b) Address # 28 Kingsbury Place

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 18 1948 (b) J. F. Bredash
(Date recorded by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th.,
year 1948 hour 2 minute 50 P. M.
21. I hereby certify that I attended the deceased from 8-16-48
_____ 19. to 8-17-48, 19. _____
that I last saw her alive on 8-16-48, 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Paul Murphy (M. D. co-signer)

Address 539 N Grand Date signed 8/17/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 W VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.