

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27777

Registrar's No. 7258

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 75 years (Specify whether years, months or days)
In this community 75 years (Specify whether years, months or days)

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)
10. Usual occupation Housewife

11. Industry or business Unknown

12. Name Unknown 13. Birthplace Unknown /
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown 9
(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 received by Registrar) (Registrar's signature)

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. # 28 Kingsbury Place 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

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

Immediate cause of death Cerebral Hemorrhage 1 day
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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 Paul Murphy (M. D. co-signer)
Address 539 N Grand Date signed 8-17-48

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.....

W H 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.