

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED FEB 14 1949**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 195

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

<b>1. PLACE OF DEATH.</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leonard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Lonia</u> (First) <u>A.</u> (Middle) <u>Hardy</u> (Last)	<b>4. DATE OF DEATH</b> (Month) <u>1</u> (Day) <u>22</u> (Year) <u>1949</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Wido</u>	<b>8. DATE OF BIRTH</b> <u>May 10, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Shelby Co., Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>George Peoples</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Glahn</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Unknown</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Victor Hardy, Clarence, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>48 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute hepatitis and cholangitis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystitis and cholelithiasis 19 yrs</u> DUE TO (c) <u>920 5347</u> <u>Endocarditis, chronic</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>1-20-1949</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Cholecystitis + cholelithiasis</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1-15, 1949, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 5:30 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>John W. Stewart M.D.</u>	<b>23b. ADDRESS</b> <u>4660 Maryland Avenue Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-24-1949</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1-25-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Michael Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Leonard, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-25-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Thurid B. Lammert</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Albert H. Hoppe</u>	<b>ADDRESS</b> <u>4700 Washington Blvd.</u>
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert M Murray*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3749*

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.