

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2516

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	c. LENGTH OF STAY (In this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2415, Biddle Street	

3. NAME OF DECEASED (Type or Print) John Hardkin			4. DATE OF DEATH March 16 1949		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-7th-1872		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman		10b. KIND OF BUSINESS OR INDUSTRY Hauling	11. BIRTHPLACE (State or foreign country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hardkins, Sr.		13b. MOTHER'S MAIDEN NAME Cholett, Dupree, Russell		14. NAME OF HUSBAND OR WIFE Sarah Hardkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Oldover 1048, A. No. Taylor		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary Tuberculosis.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis  DUE TO (c) Uremia  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1949, to 3-16, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 9:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE Oscar L Daniels (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier		23c. DATE SIGNED 3-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) ST. Louis MO		

DATE REC'D BY LOCAL HEALTH DEPT. REG. APR 21 1949	REGISTRAR'S SIGNATURE J B Basater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Houston, 2829, Washington. B7			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2441*

P. O. Address *2829 Washington*

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.