

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2558
Registrar's No. 931

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003				
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery			d. STREET ADDRESS (If rural, give location) 19-6036 THOLOZAN					
3. NAME OF DECEASED (Type or Print)		a. (First) Sarah	b. (Middle) ELIZABETH	c. (Last) Hardin	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1950			
5. SEX FE. /	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH AUG 6 - 1853	9. AGE (In years last birthday) 96 YRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. D	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME DAVID Mc Ghee		13b. MOTHER'S MAIDEN NAME PAULINA		14. NAME OF HUSBAND OR WIFE John W. Hardin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles C. Hardin 6036 Tholozan				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis					
			ANTECEDENT CAUSES			arterioscleriotic heart		
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			disease plus senile psychosis		
II. OTHER SIGNIFICANT CONDITIONS			CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 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) 4270				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 May 19, 1949, to 1/28, 1950, that I last saw the deceased alive on 1/29, 1950, and that death occurred at 7:15 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Palmer Dinsie Bowlich M.D.			23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 1/28/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 31-50	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) St. Louis MO.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 30 1950 J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmus 3125 Lafayette Ave						

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed
Student Embalmer

Signed

Joseph Bollmer

Licensed Embalmer No. *4014*

P. O. Address

3125 Lafayette Ave

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.