

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35629

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 2514	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>57</u>		g. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 BISMARCK</u>				d. STREET ADDRESS (If rural, give location) <u>705 BISMARCK #577</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>SCHMIDT</u>		c. (Last) <u>HART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 - 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 31 - 1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Webster Groves</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ruben Smith</u>			13b. MOTHER'S MAIDEN NAME <u>CARRIE WILLIAMS</u>			14. NAME OF HUSBAND OR WIFE <u>King Hart (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allie Mae Blackwell 705 Bismarck</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia (Rt side)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Vasculature</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>442 X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Aug 12, 1950</u> , to <u>Oct 16, 1950</u> , that I last saw the deceased alive on <u>Oct 16, 1950</u> , and that death occurred at <u>10:12 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Grazer S. Alexander MD</u>				23b. ADDRESS <u>177 E Kirkham Webster Groves</u>		23c. DATE SIGNED <u>10-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 19 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>	
DATE REC'D BY LOCAL REG <u>10-18-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Douke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Douke</u>		ADDRESS <u>30 Eldridge Webster Groves</u>	

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

RWR (Licensed Embalmer's, Statement on Reverse Side)

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

Herbert J. Vandell

Signed.....
Student Embalmer

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge*
Westerbrook, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.