

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1950

State File No. 28586
9375
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>28586</u> <u>9375</u>		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2059		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5956a Kingsbury Blvd.</u>			d. STREET ADDRESS (If rural, give location) <u>5 5956a Kingsbury Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>C.</u> c. (Last) <u>Hart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1950</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Feb. 4, 1884</u>		9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Michael N. Hart</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret E. Shay</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Butler Hart</u>			
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 <u>Mrs. Alice B. Hart</u> ADDRESS <u>5956a Kingsbury</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible coronary thrombosis</u> DUE TO (c) <u>Arterio-sclerotic heart disease</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>1 hour</u> <u>96 hours</u> <u>???</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
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>H2O!</u>				
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1950</u> , to <u>Nov. 3, 1950</u> , that I last saw the deceased alive on <u>Nov. 1, 1950</u> and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Arthur J. Donnelly, M.D.</u>				23b. ADDRESS <u>2435 N. Grand Blvd</u>		23c. DATE SIGNED <u>11-4-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd</u>				

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

Thomas R. Jensen

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.