

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42343
Registrar's No. 9327

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42343		Registrar's No. 9327			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
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>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		4050					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3, Box 194</u>							
3. NAME OF DECEASED a. (First) <u>Maxine</u>			b. (Middle) <u>C.</u>			c. (Last) <u>Hart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 1, 1950.</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 21, 1917</u>		9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Vernon Cruse</u>			13b. MOTHER'S MAIDEN NAME <u>Myrtle Gatlin</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph H. Hart</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Joseph H. Hart Rt. 3, Box 194.</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, asthma, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 mos</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
				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 <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
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? <u>Hill 20X</u>							
22. I hereby certify that I attended the deceased from <u>7/31/50</u> , 19____, to <u>11/1/50</u> , 19____, that I last saw the deceased alive on <u>11/1/50</u> , 19____, and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>0</u>		23b. ADDRESS <u>6917 W. Florissant Ave</u>			23c. DATE SIGNED <u>11/2/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-4-50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>					
DATE RECD BY LOCAL REG. <u>NOV 3 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</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.....
Student Embalmer

Signed Walter H. Dritz

Licensed Embalmer No. 3889

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.