

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED MAY 19 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2141

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

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 4 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Battle Creek 8210	
		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph Adrian			b. (Middle) Allen			c. (Last) Hart Wassick			4. DATE OF DEATH (Month) (Day) (Year) 5 10 51				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-15-1879			9. AGE (In years last birthday) 71		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) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (State or foreign country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Joseph Hart			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Anna Hart		
--	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nova C. Hart, 127 Pettys Hill, Valley Park			
---	--	-----------------------------------	--	--	--	--	--

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) Cerebral vascular accident						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331X						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) (Min.)		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 5-6-, 1951, to 5-10, 1951, that I last saw the deceased alive on 5-10-, 1951, and that death occurred at 7:35 A m., from the causes and on the date stated above.

23a. SIGNATURE (In case of title) Walter W. ... M.D.			23b. ADDRESS 601 S. Brentwood Clayton			23c. DATE SIGNED 5-11-51		
--	--	--	---	--	--	------------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis County	
--	--	-----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 5-11-51		REGISTRAR'S SIGNATURE Robert P. Tomke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Home- 2301 Lafayette	
--	--	---	--	--	--

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.

Student
Student Embalmer

Signed *H. G. Harris*

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.