

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42991
11268

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5077 Arlington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital				4. DATE OF DEATH December 18, 1951			
3. NAME OF DECEASED (Type or Print) Wesley		a. (First)		b. (Middle)		c. (Last) Hardcastle	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 30, 1900	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant		10b. KIND OF BUSINESS OR INDUSTRY Food		11. BIRTHPLACE (State or foreign country) Jacksonville, Arkansas	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Peyton Hardcastle		13b. MOTHER'S MAIDEN NAME Calhoun		14. NAME OF HUSBAND OR WIFE Anna Hardcastle	
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 Mrs. Anna Hardcastle ADDRESS 5077 ARLINGT N			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Ischemic</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Bronchial Asthma</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>443X</i>					
22. I hereby certify that I attended the deceased from <i>Oct 10, 1948</i> to <i>December 18, 1951</i> , that I last saw the deceased alive on <i>December 18, 1951</i> , and that death occurred at <i>6:55 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J.W. Hardcastle</i> (Degree or title) <i>D.M.D.</i>				23b. ADDRESS <i>4500 Olive St. St. Louis Mo.</i>		23c. DATE SIGNED <i>12-19-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>DEC. 20 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY MO.</i>	
DATE REC'D BY LOCAL REG. <i>DEC 20 1951</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>B.L. DERWIEDEM F. H. INC.</i> ADDRESS <i>1936 ST. LOUIS</i>			

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

J. W. Henderson
Center Body

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 *Max L. Warfel*.....

Licensed Embalmer No. *4170*.....

P. O. Address *1936 St Louis A*.....

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.