V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33008

State File No.

FILED SEP 25 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8403

513
0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY IN THIS PLACE Since July 10, 1952 Sept. 6, 1952
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 2269
d. STREET ADDRESS (If rural, give location) 4022 N. 9,th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Patrick,
b. (Middle)
c. (Last) Hart

4. DATE OF DEATH (Month) Sept. (Day) 6, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 22, 1880
9. AGE (In years last birthday) 71 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard man (retired)
10b. KIND OF BUSINESS OR INDUSTRY Lumber co.
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S/

13a. FATHER'S NAME Philip Hart
13b. MOTHER'S MAIDEN NAME Nora Downey
14. NAME OF HUSBAND OR WIFE single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.

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 Damage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterioscotic heart disease
DUE TO (c) General arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* July 10, *19* 52 *to* Sept. 6, *19* 52, *that I last saw the deceased alive on* Sept. 6, *19* 52, *and that death occurred at* 10, 20 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Palmer Maxine Bowdish MD
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 9-6 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9/7/52
24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. SEP 8 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedmeyer & Sons 3934 N. 20th St.

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1957

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.