No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41592

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2921

4001

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breckenridge Hills
c. LENGTH OF STAY (in this place): 75 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9792 St. Charles Rd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breckenridge Hills
d. STREET ADDRESS (If rural, give location): 9792 St. Charles Rd.

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Clarence
b. (Middle): O.
c. (Last): De Hart Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 10 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Aug. 5, 1872
**9. AGE** (In years last birthday): 81 — 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): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Iowa
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Lewis De Hart
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Woods
**14. NAME OF HUSBAND OR WIFE**: Lillie Kohner De Hart

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Clarence De Hart Jr
ADDRESS: 10449 San Carlos

**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 Hemorrhage — 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) Hypertension — years
DUE TO (c) Arterio sclerosis — years

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 ☐ 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?**: —

22. *I hereby certify that I attended the deceased from* Aug. 1950, *to* Nov. 10, 1953, *that I last saw the deceased alive on* Nov. 10, 1953, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Roy A. Walther Sr. MD
**23b. ADDRESS**: Overland 14 Mo
**23c. DATE SIGNED**: 11-11-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov 13 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Fee Fee Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

**DATE REC'D BY LOCAL REG.**: 11-12-53
**REGISTRAR'S SIGNATURE**: Herbert R. Domke, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Collier's Funeral Home
**ADDRESS**: 10123 St. Chas. Rd.

54 (Licensed Embalmer's Statement on Reverse Side)

## 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 1012 38 St. Chas.

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.