

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

FILED SEP 29 1955

30934

State File No. _____

318

1003

7681

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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 4254 Blaine			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) A.		c. (Last) HARDESTER		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 30 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH SEPT. 23, 1886		9. AGE (In years last birthday) 69	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) Welder		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ELIGHT HARDESTER			13b. MOTHER'S MAIDEN NAME SARAH MELTON		14. NAME OF HUSBAND OR WIFE Anna ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW # 1		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD.		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE HEPATIC NECROSIS ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LAENNEC'S CIRRHOSIS DUE TO (c) CHRONIC ALCOHOLISM, MALNUTRITION				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 581.1				20. AUTOPSY? YES <input checked="" 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) _____		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 AUG. 23, 1955 , to AUG. 30, 1955 , that I last saw the deceased alive on AUG. 30, 1955 , and that death occurred at 4:25 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter N. Blalock M.D.				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED AUG. 30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. SEP 1 1955		REGISTRAR'S SIGNATURE Carol Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Linus C. Hoffmann*.....

Licensed Embalmer No. 387

P. O. Address: 7814 S. 1st

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.