

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10546**

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|--|--|--|--|----------------------------------|--|
| 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) St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | STREET ADDRESS (If rural, give location) 3022 Marcus | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Hart | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 29 55 | | |
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| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH 4-21-1884 | | 9. AGE (In years last birthday) 71 | | IF UNDER 1 YEAR Months | | IF UNDER 2 HRS. Hours | | IF UNDER 15 MIN. Min. | |
|----------------------|--|-------------------------------|--|---|--|-----------------------------------|--|---|--|------------------------|--|-----------------------|--|-----------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
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| 13a. FATHER'S NAME Oscar Murray | | 13b. MOTHER'S MAIDEN NAME Annie ? | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Hospital Records | | ADDRESS | |
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| 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) Generalized Arteriosclerosis | | | | Undt. | |
| | | ANTECEDENT CAUSES | | | | | |
| | | 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. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 450.0 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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|--|--|--|--|----------------------------|--|
| 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 **11-9, 1955**, to **11-29, 1955**, that I last saw the deceased alive on **11-29, 1955**, and that death occurred at **2:35 Pm.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Edw. B. Williams M.D. | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 11-30-55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec 5 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Burial | | 24d. LOCATION (City, town, or county) (State) St. Louis MO | |
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| DATE REC'D BY LOCAL REG. DEC 2 1955 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green | | ADDRESS 4214 Delmar | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *F. A. Year*

Licensed Embalmer No. *296*

P. O. Address *4214 Belmont*

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.