

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

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

25000

State File No.

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5996**

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 4629 Page Blvd.		d. STREET ADDRESS (If rural, give location) 11 4629 Page	
3. NAME OF DECEASED (Type or Print) a. (First) SIDNEY H. b. (Middle) HART c. (Last) HART			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1956
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1884
9. AGE (In years last birthday) 72		10. MONTHS 3	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman, Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Cedar Grove, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Hart	
13b. MOTHER'S MAIDEN NAME Hattie Meals		14. NAME OF HUSBAND OR WIFE Mrs. Miley Hart	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. William L. Hart		ADDRESS 4629 Page Blvd.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH Acute
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventrial failure.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Nephritis			
DUE TO (c)			
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 592x	
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?			
22. I hereby certify that I attended the deceased from 15 Aug. '48 to Death , 19 56 , that I last saw the deceased alive on 23 June, 19 56 , and that death occurred at 1:15 PM from the causes and on the date stated above.			
23a. SIGNATURE A. James Evans Jr. (Degree or title) M.D.		23b. ADDRESS 4730a Page Blvd.	
23c. DATE SIGNED 6-25-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-28-56	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) 6571 St. Louis, St. Louis MO	
DATE REC'D BY LOCAL REG. JUN 25 1956		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. W. Bruce		ADDRESS 4409 Washington	

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.