

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39451**

Registrar's No. **10133**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>ST. Louis</b>	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 <b>2853 Lafayette</b>		e. STREET ADDRESS (If rural, give location) <b>2310 2853 Lafayette</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b> b. (Middle) _____ c. (Last) <b>Hardman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1886</b>
9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Martin</b>	14. NAME OF HUSBAND OR WIFE <b>George Hardman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-03-4946 B</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jeanette Eggers 2853 Lafayette</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid arthritis</b>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>		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 <b>Feb. 10, 1956</b> , to <b>Nov 5, 1956</b> , that I last saw the deceased alive on <b>Nov 4, 1956</b> , and that death occurred at <b>10:57 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Henry Rosefield M.D.</b>		23b. ADDRESS <b>3903 Olive</b>	23c. DATE SIGNED <b>Nov 6, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 9, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New ST. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 7 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>With Bros. L. &amp; U. Co. 2929 S. Jefferson</b>	

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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.....

Licensed Embalmer No. *4950*

P. O. Address *St Louis*

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.