

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6263

State File No. _____

FILED FEB 21 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 688

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 688	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in whole place) 1 WK.		c. CITY OR TOWN Berkeley		d. 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: 39 Cardinal Glennon Memorial				e. STREET ADDRESS (If rural, give location) 27 8700 Scudder Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Clifford		c. (Last) Hart		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1957.	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 19, 1955	
9. AGE (In years last birthday) 1		10. IF UNDER 1 YEAR Days 1		11. IF UNDER 1 HRS. Hours 1		12. IF UNDER 1 HRS. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nihil		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Joseph H. Hart		13b. MOTHER'S MAIDEN NAME Dorothy Eileen Bunce		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Eileen Hart, Berkeley, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUNG Abscess Left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Liver Abscess DUE TO (c) Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abscess, Right lung				INTERVAL BETWEEN ONSET AND DEATH 2 mo. 1 year 1 year 2 mo.	
19a. DATE OF OPERATION 1-21-57		19b. MAJOR FINDINGS OF OPERATION Left lung Abscess AND CYST				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) _____		21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 1-14, 1957, to 1-21, 1957, that I last saw the deceased alive on 1-21, 1957, and that death occurred at 6:45pm., from the causes and on the date stated above.							
23a. SIGNATURE James Eugene Lewis (Degree or title) MD				23b. ADDRESS 1325 SOUTH GRAND		23c. DATE SIGNED 1-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 22 '57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MO.			

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 Eleanor Province

Licensed Embalmer No. 340

P. O. Address Quincy

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.