

Health
Welfare
Public
Service

3001
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

15505
STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 906

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		c. CITY OR TOWN <u>University City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7042 Forsyth</u>		d. STREET ADDRESS <u>7042 Forsyth</u>	
Length of stay in 1b <u>6 months</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Marjorie Elizabeth Hardin</u>			4. DATE OF DEATH Month <u>4</u> Day <u>05</u> Year <u>57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 25, 1912</u>
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies Ready to</u>	11. BIRTHPLACE (City and state or country) <u>Bangor, Mich.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Fred Z. Burhette</u>	
14. MOTHER'S MAIDEN NAME <u>Grace A. Brown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>311-12-8758</u>		17. INFORMANT <u>Robert W. Hardin, 7042 Forsyth</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Cervix 7 uterus with metastases to lung, skeleton, and liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>171X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Dec-1954</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 16 1957</u> , to <u>April 5 1957</u> and last saw her/him alive on <u>March 30, 1957</u> Death occurred at <u>3:10</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. K. Roberts M.D.</u>		22b. ADDRESS <u>110 S. Hanley Rd</u>	
22c. DATE SIGNED <u>4-5-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>4-5-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local Cem.</u>	
23d. LOCATION (City, town, or county) <u>Marion</u>		(State) <u>Indiana</u>	
24. FUNERAL DIRECTOR <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union</u>	
25. DATE RECD. BY LOCAL REG. <u>4-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donahue</u>	

Dr. Harold K. Roberts
110 S. Central
PA 5-6303
Be there 1:30 prompt
Nurse will have Dr. sign
Immediately

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 *Warren A. Carver*.....

Licensed Embalmer No. 35

P. O. Address

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.