

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25142

State File No.

FILED JUL 25 1957

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</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 RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 mo 9 da</u>		e. STREET ADDRESS (If rural, give location) <u>9014 STONEBRIDGE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>HARDT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 12, 1871</u>	9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>LANDSCAPE DESIGNER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Joseph HARDT</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine ?</u>	14. NAME OF HUSBAND OR WIFE <u>MARY SCHMIDT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bee. Roch St. Joseph's Hill</u> ADDRESS <u>EUROPA</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THORAX</u>		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
		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	20. AUTOPSY? <u>0</u> 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 July 28, 1956, to July 7, 1957, that I last saw the deceased alive on July 5, 1957, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Marder M.D.</u>	23b. ADDRESS <u>St. Joseph's Hill Infirmary Europa</u>	23c. DATE SIGNED <u>7/8/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-9-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PAUL'S CHURCH YARD</u>
DATE REC'D BY LOCAL REG. <u>7-10-57</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS County Mo</u>
REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster's Mortuary</u> ADDRESS <u>6835 S. Rd. Clayton</u>

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

No. 300
10.48

440

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 19 1957

JUL 29 1957

MS SEP 16 1960

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 *Fred J. Farmer*

Licensed Embalmer No. *478*

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.