

Health,
& Welfare
S. Public
th Service

S. 300
v. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42058

FILED NOV 20 1957

STATE FILE NUMBER
10445

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 25

| | | | | | |
|--|-----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY 1 | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) 25 OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital, | | | Length of stay in 1b | d. STREET ADDRESS 23 (If outside, give location) 2418 So. 18th St., | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle J. Last Hart, | | | 4. DATE OF DEATH Month November Day 1, Year 1957 | | |
| 5. SEX Male. | 6. COLOR OR RACE White, | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 26, 1899 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Federal Guard, | | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Government, Retired 6 Years. | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Frank A. Hart, | | | 14. MOTHER'S MAIDEN NAME Catherine Mahoney, | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW-1 | | 16. SOCIAL SECURITY NO. 498-03-8926 | | 17. INFORMANT Address Amelia Hart, (Wife), 2418 So. 18th St., | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 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) 480.1 | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 1140 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Patrick L. Taylor Coroner | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 11. 5. 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | | 23b. DATE 11/6/57 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary, | | | ADDRESS 2842 Meramec St., St. Louis, 18, Mo. | 25. DATE RECD. BY LOCAL REG. NOV 5 57 | 26. REGISTRAR'S SIGNATURE Carl Smith Mo m8B |

(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 me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe S. Benz
Licensed Embalmer No. 4249

2842 Meramec
P. O. Address St. Louis, 18

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.