

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45885

STATE FILE NUMBER

FILED DEC 19 1957

318

1003

11900

Registration District No. Primary Registration District No. Registrar

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) 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 Firmin Desloge Hospital				Length of stay in 1b 10 days		STREET ADDRESS (If outside, give location) 4735 Palm St.	
3. NAME OF DECEASED (Type or print) GEORGIA AVOILA DENOLA HARDIN				4. DATE OF DEATH DECEMBER 10, 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 16, 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Kentucky				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Benjamin Ashby				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Elizabeth Stiehl, 3451a Park Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF MIDDLE CEREBRAL ARTERY DUE TO (b) GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) BRONCHOPNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) DIVERTICULITIS, HYPERTENSIVE CARDIOVASC. DISEASE						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 SEP. 1, 1957 to DEC 10, 1957 and last saw her/him alive on DEC. 9, 1957 Death occurred at 800 A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. M. Woolley, M.D.				22b. ADDRESS 325 N. Ewing Ave.		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-10-57		23c. NAME OF CEMETERY OR CREMATORY Bethalto Cemetery		23d. LOCATION (City, town, or county) (State) Bethalto, Ill.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. DEC 11 '57		26. REGISTRAR'S SIGNATURE Paul Smith M.D.	

Health, & Welfare
Public 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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert M. Murray*.....
3749

Licensed Embalmer No.

P. O. Address *St. Louis, Mo.*.....

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.