

Health, Welfare and Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011717
STATE FILE NUMBER

Registration District, No. 318 Primary Registration District No. 1003 Registrar's No. 3321

DR. COOKE CLEARED
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE AUTOPSY THRU CORONERS OFFICE
All diseases in Part I must be causally related.

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 ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 21 ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Length of stay in lb 1HR - 53 MIN.		d. STREET ADDRESS (If outside, give location) 2903 DICKSON AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last JULIUS HARDY			4. DATE OF DEATH Month Day Year 3/19/58		
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/20/91	9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - CRANE OPR.		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) TROY LAKE, MISSISSIPPI /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CLAYBORN HARDY		13b. MOTHER'S MAIDEN NAME FRANCIS HILL		14. NAME OF HUSBAND OR WIFE BEULAH HARDY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. 492-09-9612	17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIABETIC COMA				INTERVAL BETWEEN ONSET AND DEATH 7 HOURS	
Condition of any, which gave rise to above cause of death starting the ultimate cause last. DUE TO (b) DIABETES MELLITUS				UNKNOWN	
DUE TO (c) - - - - - 260* - - -				-	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 p.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> VA AT WORK		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 3/19/58 to 3/19/58 and last saw him ^{her} alive on 3/19/58 Death occurred at 11:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) CHARLES R. COOKE, M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 3/19/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/26/58	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR ADDRESS G. WADE GRANBERRY 4202 FINNEY AVE.			25. DATE RECD. BY LOCAL REG. MAR 21 '58		26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*
P. O. Address *4202 Finney*

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.