Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034289
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8980

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. City Hospital — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2229 2638 Bernard — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edward Middle Last Hardin

4. DATE OF DEATH Month 9 Day 15 Year 58

5. SEX Male 2

6. COLOR OR RACE Colored

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 20, 1895

9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mound, Ill. 1

12. CITIZEN OF WHAT COUNTRY? U. SA.

13a. FATHER'S NAME Buck Hardi n

13b. MOTHER'S MAIDEN NAME Nina

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 320-20-9283

17. INFORMANT Emery Hardin Address 2922 Hickory

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Asthma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 241X

19. WAS AUTOPSY PERFORMED? 1 YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 910 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Queen Deputy Coroner 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 9/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9-18-1958

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Mound, Illinois

24. FUNERAL DIRECTOR S.J. Watson ADDRESS 2769 Chouteau

25. DATE RECD. BY LOCAL REG. SEP 17 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 2690

P. O. Address 2769 [illegible]

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.