Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046644
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3444

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hospital — Length of stay in 1b 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN 050 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) RR 1-House Springs — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First William Middle W. Last Hard
4. DATE OF DEATH Month 12 Day 31 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 3/3/1900
9. AGE (In years last birthday) 58 — 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Material
11. BIRTHPLACE (City and state or country) Okalona Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Zackary Hard
13b. MOTHER'S MAIDEN NAME Della Quick
14. NAME OF HUSBAND OR WIFE Viola Hard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-28-5994
17. INFORMANT Chas. Hard Address 4554 A Flora

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) Tumor of Brain — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Possible Carcinoma of Lung — months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Laennecs Cirrhosis of Liver 163X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 52
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 Dec. 11, 1958, to Dec. 31, 1958 and last saw him alive on Dec. 30, 1958
Death occurred at 3:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles Miller, M.D. (Degree or title)
22b. ADDRESS 206 N. Clay, Kirkwood
22c. DATE SIGNED Dec. 31, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/2/1959
23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
23d. LOCATION (City, town, or county) Fenton (State) Mo.
24. FUNERAL DIRECTOR Leo H. Eiser ADDRESS Fenton Mo.
25. DATE RECD. BY LOCAL REG. 1-1-59
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(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 Gerald J. Mahn

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.