

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010992

STATE FILE NUMBER

2 2214

FILED MAR 20 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

300

1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4047 Olive St</i>		Length of stay in lb <i>2 months</i>		d. STREET ADDRESS (If outside, give location) <i>4047 Olive St</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle Last <i>Hart</i>				4. DATE OF DEATH Month <i>March</i> Day <i>2</i> Year <i>1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>Dec. 10, 1876</i>		9. AGE (In years last birthday) <i>82</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Mr. Vernon Allison</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Samuel Huston Hart</i>			13b. MOTHER'S MAIDEN NAME <i>Jane Mc Kenzy</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Hart</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-19-0300</i>		17. INFORMANT <i>Hermana Keating</i> Address <i>40047 Newstead</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> <i>Generalized Arterio Sclerosis</i> 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 (a)						INTERVAL BETWEEN ONSET AND DEATH <i>422.1</i>	
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 _____ o.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 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph M. Quinn</i> Address <i>1300 Clark</i>				22b. ADDRESS		22c. DATE SIGNED <i>3/3/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>March 5, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>		23d. LOCATION (City, town, or country) <i>St. Louis</i>		(State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>Buell Campbell Mortuary</i>			ADDRESS <i>5165 Alhambra</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 3 '59</i>		26. REGISTRAR'S SIGNATURE <i>Loard 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 *J W Binkley*
Licensed Embalmer No. *3653*
P. O. Address *St Louis*

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.