

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019215  
State File No.  
2 4599  
Registrar's No.

FILED MAY 22 1959

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri)				c. LENGTH OF STAY (In this place)				
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSPITAL				d. STREET ADDRESS (If rural, give location) 4027 Hartford Avenue				
3. NAME OF DECEASED (Type or Print)			a. (First) Carol			b. (Middle) Diane		
			c. (Last) Hart			4. DATE OF DEATH (Month) (Day) (Year) 5-10-59		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 5-10-59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Archie Ray Hart Jr.			13b. MOTHER'S MAIDEN NAME Mildred Lois Carroll			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Archie R. Hart				
				ADDRESS 4027 Hartford Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					1 wk	
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b) Branch Delivery of Premature Female						
		DUE TO (c) Cord wrapped about entire Infant 760.5						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5-10, 1959 to 5-11, 1959 that I last saw the deceased alive on 5-11, 1959 and that death occurred at 10:25 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Thos. J. Brown, M.D.			23b. ADDRESS 1927 1/2 Union St. Louis 13		23c. DATE SIGNED 5-11-59			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-59	24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. MAY 11 1959		REGISTRAR'S SIGNATURE Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette Ave.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14  
1692

**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 .....

Student Embalmer

Signed \_\_\_\_\_

*A. G. Jarvis*

Licensed Embalmer No. 3384

P. O. Address A. Jarvis

**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 this body is not embalmed, fact should be so stated above.