

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 3 8 7

FILED VS JAN 11 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3517

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OLIVETTE		Length of stay in 1b VRS.		c. CITY OR TOWN OLIVETTE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11 COVINGTON Meadows			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11 COVINGTON Meadows		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUISE Middle HARDY Last HARDY				4. DATE OF DEATH Month 12 Day 30 Year 59				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAR 2 1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (City and state or country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME MARGARET KLINDT		14. NAME OF HUSBAND OR WIFE W. F. HARDY (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. VERA FATTMANN 11 COVINGTON Meadows			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanotic Adenocarcinoma, Gall bladder							INTERVAL BETWEEN ONSET AND DEATH 7 Mos.	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	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 June 1951 to 12-30-59 and last saw her ^{him} alive on 12-30-59 Death occurred at 12-30-59 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title) MD				22b. ADDRESS 35 No Central, Clayton 5, MO			22c. DATE SIGNED 12-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/2/60	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.				
24. FUNERAL DIRECTOR Louis H. Papp Jr. 131 W. Argonne, Webster, MO				25. DATE RECD. BY LOCAL REG. DEC 31 1959		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis W. Highland Jr.

Licensed Embalmer No. 4512

P. O. Address Wilwood,

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.