

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8590**

FILED SEP 27 1961

| | | | | | | |
|--|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4632 Newberry Terrace | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First John Middle Last Hardy | | | 4. DATE OF DEATH Month Sept Day 13 Year 1961 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-12-1901 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Jackson, Mississippi | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Zack Hardy | | 13b. MOTHER'S MAIDEN NAME Collie Lewis | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address Mrs Sarah Mullen 4632 Newberry Terrace | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive intra cranial hemorrhage (traumatic) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) suffered when struck by car operated by one Franona Taylor (col) in vicinity of Cora + Pop. about 9:10 P.M. Sept 6th 1961. DUE TO (c) 2nd. dent | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to 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 type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) See above | | | | |
| 20c. TIME OF INJURY Hour 9¹⁰ a.m. 9-6-61 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.) 12 street | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Joseph M. Quinn Esq. (row) | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 9-15-61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 9-16-61 | 23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | |
| 24. FUNERAL DIRECTOR G. Wade Granberry | | ADDRESS 4202 Finney Ave. | 25. DATE RECD. BY LOCAL REG. SEP 15 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith M.D. | | |

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

licensed Embalmer No. 4444

P.O. Address 4202 Finney Avenue

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.