

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. St. Anthony's Hospital) St. _____ Ward _____

File No. 8131
Registered No. 1577

2. FULL NAME Infant Hardy

(a) Residence, No. 3840 Virginia Ave St. 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or 9 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Samuel Hardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Crine Cassard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Samuel Hardy (ADDRESS) 3840 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 2-4-37 19.

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive St.

20. FILE FEB 4 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to Feb. 4, 1937

I last saw him alive on Feb. 4, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Open Foramen Ovale Date of onset _____

Other contributory causes of importance: Premature birth

Name of operation _____ Date of _____
What test confirmed diagnosis? Normal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Leo B. Johnson, M. D.
(Address) 2621 Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2621 S. Jefferson
La 3585

Res. 927 Bates
Ri 3785