

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34892
8370
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		CITY OR TOWN <u>St. Louis</u>		<u>3.069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1333a Bayard Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>1333a Bayard Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Belle</u>		a. (First)		b. (Middle) <u>Hart</u>		c. (Last)	
4. DATE OF DEATH <u>Oct. 1 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 16 1874</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 12 HRS. Hours <u>15</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Joseph Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Harriette Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Hart</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Hart</u>				ADDRESS <u>1333a Bayard Ave.</u>			
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) <u>Hypertensive Heart Disease</u>		ANTECEDENT CAUSES				_____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				_____	
DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) _____				_____	
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 type="checkbox"/> NO <input checked="" 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HH3X</u>				22. I hereby certify that I attended the deceased from <u>9</u> , 19 <u>48</u> , to <u>10-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>50</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John F. Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4242 Eastern Ave.</u>		23c. DATE SIGNED <u>10-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jl H. Randle & Son 3133 Bell Ave.</u>			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. A. Hutton

Signed.....

Student Embalmer

Licensed Embalmer No.....

2198

P. O. Address.....

2769. Chanted

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.