

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

Do not use this space.

22353

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City..... **St. Louis** (No. **St. Johns Hospital**)

File No. ....  
 Registered No. **6542** St. .... Ward)

**2. FULL NAME**

**Harriet H. Bennett**  
 (a) Residence. No. **3638 W. Pine Blvd.** **19** Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Michael Harretta</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>Mar 17 1864</b>		
7. AGE YEARS <b>64</b>	MONTHS <b>3</b>	DAYS <b>3</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <b>at Home</b>		

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-20 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 28 1928** to **June 20 1928**, that I last saw him **alive on June 20 1928** and that death occurred, on the date stated above, at **11:49 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Coronary Sclerosis**

(duration) yrs. **3** mos. **3** ds.

CONTRIBUTORY (SECONDARY) **Portion of general / due to ruptured Ca Uter. Sigmoid** (duration) yrs. .... mos. **22** ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Ireland**

**10. NAME OF FATHER**

**Patrick Walsh**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Ireland**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Ireland**

**14.**

INFORMANT **Dr. A. T. Harretta**  
 (Address) **3638 W. Pine Blvd.**

**15.**

FILED **Mar 21 1928**  
**Mar C. Stanley**  
 REGISTRAR

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **May 28 28**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **ob**

(Signed) **W. P. Gleason**, M. D.

**June 21, 1928** (Address) **Wentworth Club Bldg**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

**Wentworth born** **6-21 1928**

**20. UNDERTAKER**

**ADDRESS**

**Arthur J. Donnelly** **2039 Wash St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Los Glennons |  
University club Re

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