

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

Do not use this space.

20721

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790  
 2 Township Clayton Primary Registration District No. 6933  
 7 City Clayton (No. 425 Carroll Drive) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine Ida Hartt  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F Hartt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 9, 1932 to June 15, 1932  
 I last saw h. or alive on June 14, 1932 - Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7:35  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

92A  
Mitral Insufficiency part 31  
 Other contributory causes of importance:  
Mitral Insufficiency  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1  
 13. NAME Jacob Schierstein  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
 15. MAIDEN NAME Rose Renner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ch. X. R. Was there an autopsy? no

17. INFORMANT Le Roy Hartt, Dir  
 (ADDRESS) 425 Carroll Drive  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 17, 1932  
 19. UNDERTAKER Collins and Co  
 (ADDRESS) 3125 Lafayette Ave  
 20. FILED June 16, 1932 R. M. Sullivan Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 1 Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? 1 (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? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. M. Whitson M. D.  
 (Address) 4337 Washington Blvd

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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

95-1082

