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.

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

Do not use this space.

14730

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3237

City St. Louis (No. City Hospital St. ..... Ward)

#17649

2. FULL NAME Roy Hartz

(a) Residence, No. 38/25a Easton Ward 21 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17th 1910

7. AGE: YEARS 22 MONTHS 6 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread Rapper

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) 1931 August

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Missouri

FATHER

13. NAME Arthur Hartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Missouri

MOTHER

15. MAIDEN NAME Nora High

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co. Kentucky

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Puxico Mo. DATE Apr 7 1933

19. UNDERTAKER (ADDRESS) Chas F. Stuart 1225 Union Bl.

20. FILED Apr -7 1933 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1933, to April 6th, 1933

I last saw him alive on April 6th 1933. Death is said to have occurred on the date stated above, at 1.00 m. P.M.

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

	Date of onset
Multiple Duodenal Ulcers c̄ hemorrhage 117B	

Other contributory causes of importance: 117B

Name of operation Exploratory Date of 3-27-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Raymond Hoeb, M. D.

(Address) City Hospital

Hartz