

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

Do not use this space.

26638

File No. _____
Registered No. 6809
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City Louis mo (Not subject to St. Louis)

2. FULL NAME

(a) Residence, No. _____ St. 20 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24th - 1916</u>				
7. AGE	YEARS <u>17</u>	MONTHS <u>8</u>	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	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) <u>Belleville Ill</u>				
MOTHER	13. NAME <u>Joseph Hartman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Bertha Munier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithton Ill</u>			
17. INFORMANT <u>Joseph Hartman</u> (ADDRESS) <u>2612 Webster St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 12, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>1706 North Bridge Ave</u>				
20. FILED <u>L I 1934</u> <u>J B Bebeck</u> Registrar.				

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on July 8th, 1934. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:
Fract. Skull, lacerated brain, Contusion & laceration of leg & head, rec'd. when she fell from bridge in front of auto on N. 1st Bridge Rd. 1/2 mile west of Brown Rd. 7/8/34

Date of onset _____

Other contributory causes of importance:
Accident

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/8, 1934
Where did injury occur? St. Louis County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place. Public road

Manner of injury Fell by auto

Nature of injury Fract. skull

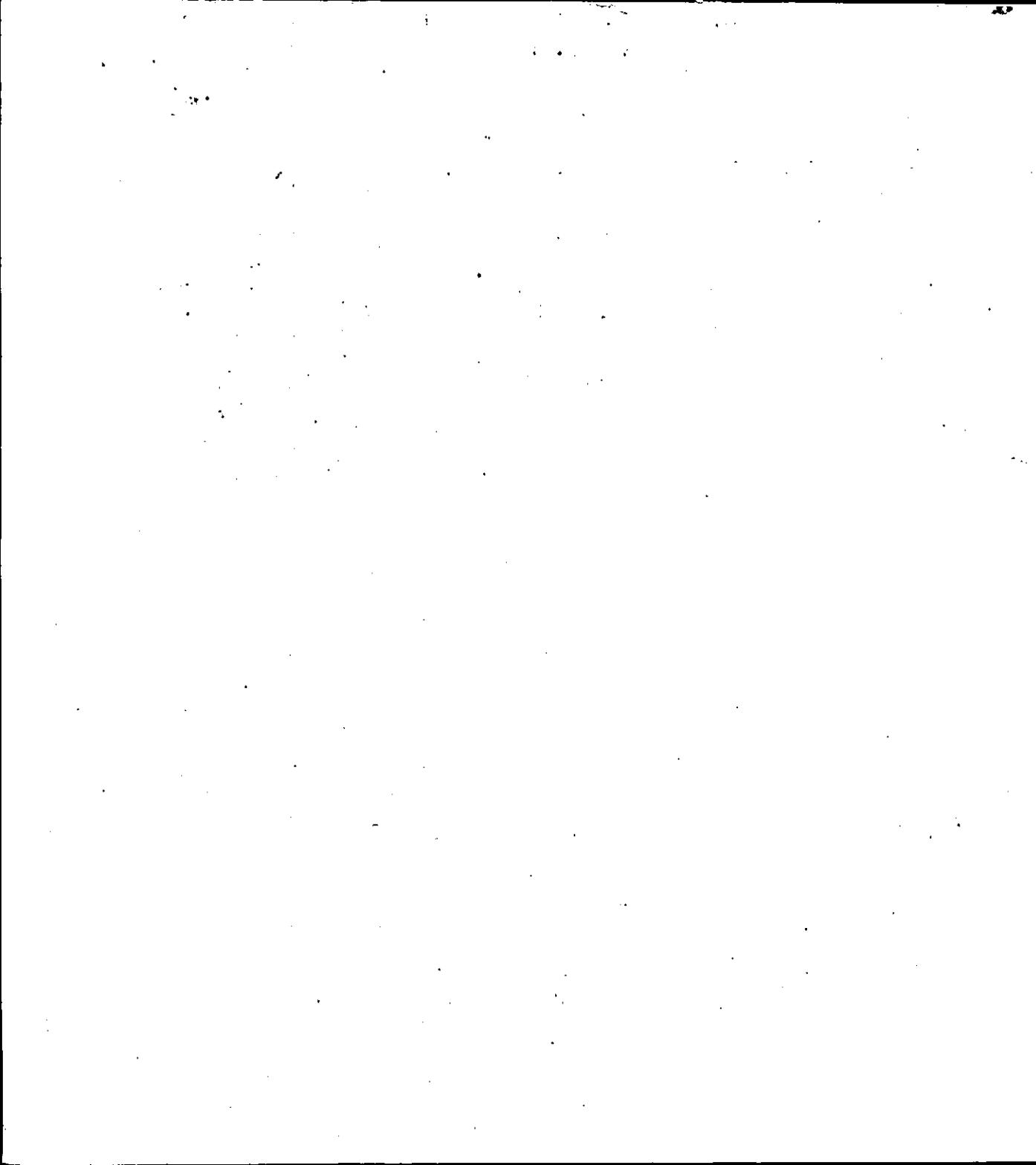
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Harold Schuy M. D.
(Address) Dep. Dir.

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.

AUG 15 1934



#2 *St. Louis*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

6809

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Marcella Hartman*
Who died at _____ on *July - 8 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *19* Months *8* Days *14*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death *Fract. Skull, lacerated brain, contusion + laceration of leg & head. Received when she fell from bicycle in front of curb.*

Other contributory causes of importance *Accident*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *OVER*

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 _____

Was disease or injury in any way related to occupation of deceased? *210*

If so, specify _____

Name of physician *John J. Lucey, Dep. Surgeon, per HHS*

Address of physician _____

Signature of Registrar *J. J. Breckels*, Date filed *9-21-34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. *791*

Primary Reg. Dist. No. *1003*

E. T. McGaugh, M.D.
Special Agent. *K.*

deceased fell from bicycle onto
concrete road and was then run
over by auto - could not determine
whether fall or auto caused fracture
of skull

26638