

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.

APR 27 1937

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

Do not use this space.

13666

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 62484
City Richmond Heights (No. St. Mary's Hospital) St. _____ Ward _____

File No. _____
Registered No. 73
St. _____ Ward _____

2. FULL NAME

Joseph HARTNETT
(a) Residence, No. 1284 Belmont Ave 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 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) Mar 14, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 da

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Louis Co. Missouri

13. NAME Dr. Leo J. Hartnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neuberg Texas

15. MAIDEN NAME Mary O'Neil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dr. Leo J. Hartnett, 1284 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 3/16/37

19. UNDERTAKER (ADDRESS) Thos J. Finlay, 1519 S Grand Blvd

20. FILED March 16, 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14-1937, to 3-16-1937

I last saw him alive on 3-16-1937. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Atresia of intestines

Date of onset 3-14-37

Other contributory causes of importance: 15 1/2 hrs

Name of operation Quadruple jejunocolony Date of 3-15-37

What test confirmed diagnosis? Specimen Was there an autopsy? No

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) P. G. Danis M. D.

(Address) 817 University Club Bldg St. Louis

Peter G. Danis, M.D.

