

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

Do not use this space.

JUN 12 1937

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18153

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 1003
City St. Louis (No. 4516), St. Louis Ave. St. _____ Ward _____

File No. _____
Registered No. 4729

2. FULL NAME Martha E. Hartman

(a) Residence, No. 4516 St. Louis Ave. St. 11th Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17th, 1865

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
71 4 20

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

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) Ills.

13. NAME George Walsh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

17. INFORMANT Geo. W. Hartman
(ADDRESS) 4516 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Lebanon DATE 5/10/37, 1937

19. UNDERTAKER Provoat and Co
(ADDRESS) 3710 N. Grand Bl.

20. MAY 9 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to May 7, 1937

I last saw him alive on May 7, 1937 Death is said to have occurred on the date stated above, at 8.30 P.M.

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

Suppurative Pneumonia
Bronchial

Date of onset

Other contributory causes of importance:
Arterial Sclerosis
& Aneurysm

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 1937

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? No

If so, specify Mellie F. Garry M. D.
(Signed) _____
(Address) 2800 - 91 - Jay Ave.

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.

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