

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

NOV 15 1937

35684  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008** Registered No. **9261**  
(c) City **St. Louis** (d) Street No. **Deaconess Hospital.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Susan P. Hartley.**

(a) Residence, No. **7434 Gayola Place.** St. **KP** **St. Louis County, Mo.**  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William A. P. Hartley.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7, 1892.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**35 45 2 24**

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri.**

FATHER 13. NAME **William H. Peck.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know.**

MOTHER 15. MAIDEN NAME **Mary Offenbecker.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**

17. INFORMANT (ADDRESS) **Mrs. William A. P. Hartley 7434 Gayola Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wanam Cemetery** DATE **October 4, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Geo. L. Pleitch Inc. 5966 Easton Ave.**

20. FILED **OCT 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 9, 1936** to **Oct 1, 1937**

I last saw him alive on **Oct 1, 1937**. Death is said to have occurred on the date stated above, at **2:00 p.m.**

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

**Rheumatic Heart disease**

Date of onset **1936**

Other contributory causes of importance: **Bronchial pneumonia** 9/28/37

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? **No**

If so, specify **E. O. Breckmege**, M. D.

(Signed) **E. O. Breckmege** (Address) **Maplewood Mo**

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.

599 2 35

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Dr. E. O. Bushbridge  
2610 Sutton Ave.

1 to 2 P.M.

Highland 2428

STATEMENT BY LICENSED EMBALMER

I, Homer L. Pender, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Homer L. Pender

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Homer L. Pender

Licensed Embalmer No. 3367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)