

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

34296  
Do not use this space.

1. PLACE OF DEATH

(a) County: St. Louis Registration District No. 1003  
(b) Township: St. Louis Primary Registration District No. 1003 Registered No. 9282  
(c) City: St. Louis (d) Street No. No. Baptist Hospital St. 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 yr. mos. ds. (f) How long in U. S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 634 Blodiel Hartupree St. N.R. Pattersonville, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ira S. Hartupree  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5-1884  
7. AGE YEARS 53 MONTHS 11 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.  
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.  
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. Charles, Mo.

FATHER 13. NAME Wm. J. Hammond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeton, Mo.

MOTHER 15. MAIDEN NAME Eliz. Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmerville, Pa.

17. INFORMANT (ADDRESS) Ira S. Hartupree  
P. O. 7, W. Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Will Cem. DATE 10-26-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. W. Woodson  
1194 W. Overland, Mo.

20. FILED OCT 26 1938 J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to Oct 22, 19...  
I last saw him alive on Oct 21, 19... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus 1930  
Chronic nephritis 1936  
Chronic myocarditis 1937  
Other contributory causes of importance: Hypertension

Name of operation autopsy Date of 26  
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? 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 no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify will  
(Signed) Will M. D.  
(Address) 1194 W. Overland

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Cesar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

*City # 117*

**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.)**

**If this body is not embalmed, above space should be left blank.**