

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

574
Do not use this space.

REC'D FEB 19 1939

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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 3235 Keyes Registered No. 574
 (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

(a) Residence, No. 635 Mary Josephine Hartnett St. 17
3235 Keyes Rd (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice Hartnett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1868
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
70 6 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) Ireland
 FATHER 13. NAME Unknown Maylan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) Edna O. Reiter
3235 Keyes St. Louis Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 19 1939
 19. FUNERAL DIRECTOR (ADDRESS) Louis J. Shoppe
Kirkwood
 20. FILED Jan 18 1939 J. D. Budeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1939
 22. I HEREBY CERTIFY, that I attended deceased from Jan 10, 1939, to Jan 17, 1939
 I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 1728 p.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia
 Date of onset Jan 10 1939
 Other contributory causes of importance:
Penicillin
 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? _____
 If so, specify _____
 (Signed) F. R. Finnegan, M. D.
 (Address) 3701 Westport

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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STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3388

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

..... L. E.

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

Signed John M Meyer
Licensed Embalmer No. 3388

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.)