

REC'D FEB 10 1939

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

791
1003

637
Do not use this space.

Registered No. 637

1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 7
 (b) Township St. Louis Primary Registration District No. 1327a
 (c) City St. Louis (d) Street No. 1327a Marcus Ave. 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 yrs. 0 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 631 Ira S. Hartupee
 (a) Residence, No. 1327a Marcus St. 6
 (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 Male 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 Dodie Hartupee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tool maker
 9. Industry or business in which work was done, as saw mill, bank, etc. Quick Meal Stove
 10. Date deceased last worked at this occupation (month and year) 7/6/38 11. Total time (years) spent in this occupation 20 yr

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

FATHER
 13. NAME George W. Hartupee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Emma Prosser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT John E. Hartupee
 (ADDRESS) 7221 - South St. Maplewood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem DATE 1-21-1939

19. FUNERAL DIRECTOR Baumann Bros. Inc.
 (ADDRESS) 2504 Woodson Rd Overland, Mo.

20. FILED J. F. Bredbeck Local Registrar.

JAN 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 - 1939

22. I HEREBY CERTIFY, that I attended deceased from 12-1-1938 to 1-15-1939
 I last saw him alive on 1-15-1939 Death is said to have occurred on the date stated above, at 10:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Euboli Date of onset

Other contributory causes of importance:
Coronary Thrombosis

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 None
 (Signed) B. E. Swann, M. D.
 (Address) 1303 - N. Kings highway

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.

2-4
6-8

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

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.)