

REC'D JUN 12 1939

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

17236
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 781
(b) Township 1008 Primary Registration District No. _____ Registered No. _____
(c) City St. Louis (d) Street No. Barnes Hospital 1770 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

(a) Residence, No. 232 S. McRamac St. NR CLAYTON 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 Male 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 Mayme Hartnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-8-1882
7. AGE YEARS 57 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Newspaper
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) Missouri 0
FATHER 13. NAME Patrick Hartnett 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 0
MOTHER 15. MAIDEN NAME Mary Dillon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Mrs. Mayme Hartnett
232 S. McRamac, Clayton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cem DATE May 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis N. Papp
Kentwood Mo
20. MAY 25 1939 19 _____
J. B. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-23-1939
22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1939, to 5-23, 1939
I last saw him alive on 5-23, 1939. Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance are as follows:
Cirrhosis of liver
Ascites
Date of onset _____
Other contributory causes of importance:
Chronic
Intercostal
Emphysema (?)
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 _____
(Signed) Edward Massey M. D.
(Address) Barnes Hospital

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, _____

John M Meyer

or by _____

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

4770
OK'd
4770

Signed _____

John M Meyer

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood Mo*

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.