WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M 20-37 1 X12004

REC'D JUL 12 1939

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

20490
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5334

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis Mo. (d) Street No. 1904 Bird Ave. 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. 31 hours How long in U. S., if of foreign birth? yrs. mos. ds.
6/31

2. PRINT FULL NAME Carroll Anna Hartbauer
(a) Residence, No. 1904 Bird Ave. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1939
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Earl Hartbauer
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Anna Arin
16. BIRTHPLACE (CITY OR TOWN) Nokomis (STATE OR COUNTRY) Illinois

17. INFORMANT Earl Hartbauer (ADDRESS) 1904 Bird Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 6/15 1939
19. FUNERAL DIRECTOR Chas. A. Bull (ADDRESS) 4452 Washington Blvd.
20. FILED JUN 15 1939 J. D. Bradley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12 09 AM 6/14, 1939, to 5 30 AM 6/14, 1939
I last saw h. alive Born, 19..... Death is said to have occurred on the date stated above, at 5 30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	

Other contributory causes of importance:
Mother had a long protracted labor.

Name of operation none Date of
What test confirmed diagnosis? Routine 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) John B. O'Neill, M. D.
(Address) 1222 Missouri Theatre

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Letter, Licensed Embalmer No. 3880

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John Letter

Licensed Embalmer No. 3880

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.)