

18 1940
No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12410

State File No. _____
Registrar's No. 543

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 6 3 2

3. (a) PRINT FULL NAME James Henry Hartzell
3. (c) Social Security No. None
8. (b) If veteran, name war _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 7 15 hr. min.

9. Birthplace Cadet Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation School Student

11. Industry or business _____
MOTHER FATHER { 12. Name Henry Hartzell D
18. Birthplace Cadet Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Degoma D
15. Birthplace Cadet Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hartzell
(b) Address Potosi, Mo.
17. (a) Removal (b) Date thereof 3-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
WAR 17 1940
19. (a) _____ (b) R. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 5, 1940, to March 15, 1940
that I last saw him alive on March 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
Due to Purulent Appendicitis
Due to _____
Other conditions 12/10
(Include pregnancy within 3 months of death)

Major findings: Purulent appendix
General Peritonitis
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature John W. Stewart (M. D. or other) 1
Address Susan Bedg Date signed 3/16/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address

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.