

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19583

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 956

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7314 a Amherst Ave. 2
(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)

8. (a) PRINT FULL NAME MARY HARTMAN 635

3. (b) If veteran, name war NO 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Sebastian Hartman 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 12 hr. min.

9. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Christopher O'Brien 9

13. Birthplace Hartford Conn
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank G. Harris

(b) Address 7314 a Amherst Ave.

17. (a) burial (b) Date thereof May 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. R. New

(b) Address 2707 North Grand Bl.

19. (a) MAY 16 1940 (Date received local registrar)
A. R. New (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7314 a Amherst Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb. 17, 1939 to May 16, 1940

that I last saw h. or alive on May 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral hemorrhage (recurrent)
Essential hypertension 9 yrs
9 yrs

Due to 87001

Other conditions Obstruction jaundice - 2 mos
(Include pregnancy within 3 months of death) cholelithiasis?

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? 707 (Specify type of place) (e) Means of injury _____

23. Signature Truman S. Drake (M. D. or other) _____

Address 114 N. Taylor Ave. Date signed 5/16/40

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

MOTHER FATHER

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

Paul F. Knollender

Licensed Embalmer No. 2631

P. O. Address 2707 N. Lincoln

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.