

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27038**
Registral's No. **6934**

Registration District No. **791** Primary Registration District No. **1003**

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

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

3. (a) PRINT FULL NAME GLADYS A. HARTUPEE

3. (b) If veteran, name war 200 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Geo. C. Hartuppe 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 16 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 30 If less than one day 29 hr. _____ min. _____

9. Birthplace old mouse mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name Leslie Claridge
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Sable
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. C. Hartuppe
(b) Address 3042 Tennyson

17. (a) Burial (b) Date thereof Aug 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lee Lee Cemetery

18. (a) Signature of funeral director B. B. B. B.
(b) Address Overland mo.

19. (a) AUG 16 1940 (b) J. P. Predeck
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland NR
(If outside city or town limits, write "RURAL")
(d) Street No. 3042 Tennyson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1940 hour 9:30 minute _____ M.

21. I hereby certify that I attended the deceased from July 25 1940 to Aug 15 1940 that I last saw her alive on Aug 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Mems. Duration 7 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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

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? _____ (Specify type of place) (c) Means of injury _____
23. Signature Omar R. Fendley (M. D. or other) _____
Address 4952 Maryland Date signed 8/16/40

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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 9mo

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, fact should be so stated above.