

No. 2
-1/47
17-39

10250

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1948 318

Primary Registration District No. 1003

Registrar's No. 2479

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: 3357 a Clara Ave.
(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)

3. (a) PRINT FULL NAME Thomas J. Hartnett

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife..... Bertha L.

6. (c) Age of husband or wife if alive..... 52 years

7. Birth date of deceased. May 22, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>18</u> hr. min.

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

10. Usual occupation..... Proprietor

11. Industry or business..... Tavern

12. Name Patrick Hartnett

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

14. Maiden name Mary Sheehan

15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha L. Hartnett

(b) Address 3357 a Clara Ave.

17. (a) Burial (b) Date thereof 3-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Catholic Cemetery

18. (a) Signature of informant..... [Signature]

(b) Address..... 255 Marion Blvd.

19. (a) MAR 12 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... [Signature]

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3357 a Clara Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 10, year 1948, hour 6, minute 15: A. M.

21. I hereby certify that I attended the deceased from 8-25-47 to 3-9-48, that I last saw him alive on 3-9-48, and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute cardiac failure

Due to..... Advanced age

Due to..... hypertension

Other conditions..... Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings: Cerebral hemorrhage

Of operations..... Left hemiplegia

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature E. J. Lausche (M. D. or other)

Address 4885 Natural Bridge Date signed 3/11/48

WRITE PLAINLY—USING UNEADING 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 _____

Licensed Embalmer No. 4955

P. O. Address St. Louis

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.