

STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED SEP 7 1948 3/8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7446

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **City Infirmary Hospital**
 (If not in hospital or institution, write name of place where death occurred)
 (d) Length of stay: In hospital or institution **10/8/12 to 8/19/48**
 (Specify whether
 In this community **life**
 years, months or days)

3. (a) PRINT

FULL NAME

MICHAEL HARTY

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 **single**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **St. Louis, Mo. 1869**
 (Month) (Day) (Year)

8. AGE: **abt 79** Years Months Days If less than one day
 hr. min.

9. Birthplace **St. Louis, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Shoe repairer**

11. Industry or business.....

12. Name **Michael Thomas Harty**
 13. Birthplace **Ireland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Nagle**
 15. Birthplace **Ireland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**(b) Address **5800 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **8-26-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**18. (a) Signature of funeral director **Paul Kelly**(b) Address **4386 Lindell**

19. (a) **AUG 28 1948** (b) **J. F. Bredenk**
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5800 Arsenal St.**
 (If rural, give location)
 (e) Citizen of foreign country? **13** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**
 year **1948** hour **5** minute **48** P.M.
 May

21. I hereby certify that I attended the deceased from **1** to **Aug 19** 1948;
 that I last saw him alive on **Aug 19** 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **2 days**

Due to **Aortic Stenosis**

Due to **Arteriosclerotic Heart Disease**

Other conditions **Pulmonary Thrombosis**

(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy **Same**

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..... (Specify means of injury)

23. Signature **Masses O'moto** (M, D, or other)

Address **5600 Arsenal** Date signed **8/22/48**

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 _____

Ralph W. Henson

Licensed Embalmer No. *3791*

P. O. Address *St. Louis, Mo.*

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.