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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 2 1948

318

Primary Registration District No. 1003

Registrar's No. 9915

Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(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. Johns 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4874 Sacramento
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adele Hartman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th.
year 1948 hour 11/15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 13 1948 to Nov. 12 1948.
that I last saw her alive on Nov 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

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

6. (b) Name of husband or wife Harris Hartman 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: August 30th 1990
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Hogan

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

14. Maiden name Catherine Hurley

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

16. (a) Informant Harris Hartman

(b) Address 4874 Sacramento

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/48
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) NOV 13 1948 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

Due to Chr. Stomach Ulcers, 3 yrs.

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____
(Specify type of place)

While at work? _____ (Specify type of place)

23. Signature Karl L. Kessler (M. D. or other) M.D.
Address 1139 Bellevue Ave. Date signed Nov. 15-48

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

Mr. K. L. Keffer
1139 Bellevue ~~St. 1372~~
Tel. 3-5082

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

Elmo A. Padwell

Licensed Embalmer No. 4077

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, fact should be so stated above.