

FILED JUN 23 1951

- THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21247
5369

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				STREET ADDRESS (If rural, give location) 5214 Nottingham						
3. NAME OF DECEASED (Type or Print) a. (First) Eva			b. (Middle) F.		c. (Last) Hartnett		4. DATE OF DEATH (Month) (Day) (Year) June 11 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 16, 1921		9. AGE (In years last birthday) 29	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 HRS. Hours _____	13. UNDER 1 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mount Carmel, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Harry C. Rose			13b. MOTHER'S MAIDEN NAME Hardy Warren			14. NAME OF HUSBAND OR WIFE Joseph B. Hartnett				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY (If yes, give war or dates of service) 497-18-9055		17. INFORMANT'S SIGNATURE OR NAME Joseph B. Hartnett						ADDRESS 5214 Nottingham
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Massive subarachnoid hemorrhage at base of brain				MEDICAL CERTIFICATION Congenital aneurysm of blood vessel in brain				INTERVAL BETWEEN ONSET AND DEATH 1 hr.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Congenital aneurysm of blood vessel in brain				DUE TO (c) Autopsy revealed the above		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION 6/11/51		19b. MAJOR FINDINGS OF OPERATION Cesarean section post mortem.						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 757/6 E.						
22. I hereby certify that I attended the deceased from 12-12 , 19 50 , to 6-11 , 19 51 , that I last saw the deceased alive on 6-11 , 19 51 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE Henry J. O'Fingo M.D.				(Degree or title)		23b. ADDRESS 634 N Grand		23c. DATE SIGNED 6/12/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home		ADDRESS 5341 Riverview Blvd.						

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

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.