THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

STATE FILE NUMBER 57 022555

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5881

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital — Length of stay in Hospital: 12-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 220 N. Kingshighway Park Plaza Hotel — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Jessie Middle: Mary Last: Hartnett
4. DATE OF DEATH: Month June Day 23 Year 1957
5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 25, 1871
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 5 Days 28 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Michael Jerome Hartnett
14. MOTHER'S MAIDEN NAME: Catherine Dodd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Miss Judith Schwan, 3873 Utah (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — Uremia — INTERVAL BETWEEN ONSET AND DEATH: one week
arteriolar nephrosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolar nephrosclerosis — 10 years
generalized arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis — 10 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
fracture of left femur
Fracture of femur - left 446XF
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell at home in bed room
12 Fell at home in bedroom
20c. TIME OF INJURY 3 (a. m. / p. m.) Hour — Month, Day, Year 6 11 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12 in home
20f. CITY, TOWN, OR LOCATION: St. Louis — COUNTY: — STATE: Missouri

21. I attended the deceased from January 1956 to June 1957 and last saw (her/him) alive on June 23, 1957
Death occurred at 12:55 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robt. M. Laurich M.D.
Robert M. Laurich, M.D.
22b. ADDRESS: 4952 Maryland
4952 Maryland
22c. DATE SIGNED: June 24, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 25, 1957
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: William J. Donnelly — ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 24 '57
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis William

Licensed Embalmer No. 38

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.