

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36206

Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo.  
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds.

Registration District No. 791  
Primary Registration District No. 1003  
(d) Street No. 3312a Minnesota Avenue

Registered No. 9783

(If death occurred in Hospital or Institution, write its name instead of street and number) St. 16  
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Elston Hartley

(a) Residence, No. 3312a Minnesota Avenue St. 16  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Clarinda Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11th, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 7 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker  
9. Industry or business in which work was done, as saw mill, bank, etc. Brown Shoe Co.  
10. Date deceased last worked at this occupation (month and year) October 15th, 1937 11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (CITY OR TOWN) Cole County,  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Thomas Hartley

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Ogdon

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Ernest Hartley  
(ADDRESS) Kirksville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE October 22, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,  
(ADDRESS) 429 N. Euclid Avenue

20. FILED CT 21 1937 J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937, to Oct 20, 1937

I last saw him alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach Date of onset 1 year ago

Other contributory causes of importance:

hemorrhage from the stomach

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19 37  
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Byron J. The Limber  
(Signed) Byron J. The Limber D.  
(Address) 880 3rd S. Broadway

**STATEMENT BY LICENSED EMBALMER**

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Guy W. Wilkinson*

Licensed Embalmer No. 3575

**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.)**