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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 40211

Township ..... Primary Registration District No. 1003 Registered No. 12247

City City (3510 Tennessee Ave St. ..... Ward)

2. FULL NAME Mary Hartwig

(a) Residence. No. 3510 Tennessee St. Jny 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adam Hartwig

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 16 - 1857

7. AGE: Years 69, Months 4 ~~69~~, Days 10. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Same
(c) Name of employer: at Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Leo Hoffmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Orth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mr Leonard Hartwig
(Address) 3510 Tennessee Ave

15. FILED DEC 27 1926 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 26th 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 26, 1926 that I last saw her alive on Dec 26, 1926 and that death occurred, on the date stated above, at 6 30 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial Nephritis
131
132B
(duration) 1 yrs. 11 mos. 24 ds.

CONTRIBUTORY (SECONDARY): Uremic Coma
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urin Examination

(Signed) P R Konzelman, M. D
Dec 26, 1926 (Address) 3567 Potomac St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo Crematory
DATE OF BURIAL: Dec 29th 1926

20. UNDERTAKER: Hauck & Schmitt
ADDRESS: 3732 S Grand Ave

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.