

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

Do not use this space.

31486

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University (No. 7214) Belgate St. _____ Ward _____

File No. _____
 Registered No. 79

2. FULL NAME

John Hartman
 (a) Residence, No. 7210 Belgate St. _____ Ward _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Margaret Hartman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23rd 1843

| | | | | |
|--------|-----------|-----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>83</u> | <u>10</u> | <u>3</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Tailor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Albace

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT

Mrs. S. H. Battemeier
 (Address) 7210 Belgate St.

15. FILED

10-28-1927 Chalhan Dums
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26th 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1916, to Oct 26, 1927 that I last saw him alive on Oct 26, 1927, and that death occurred, on the date stated above, at 10:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
Branch of pneumonia
 131
 104A (duration) yrs. mos. da.
 166 Chr. Interstitial
 (SECONDARY) nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

1940
 NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Brewer, M. D.

10/27, 1927 (Address) 517 Beaumont Bldg

*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

DATE OF BURIAL

Calvary 10-29 1927

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 20397 Ash St

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.

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3720 Washington

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