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.

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

Do not use this space. 3423

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1054

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

City St. Louis, Mo. (No. 3141 St. Vincent Avenue St. ..... Ward)

2. FULL NAME William Charles Hartmann

(a) Residence. No. 3141 St. Vincent Avenue 17 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Hartmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 27th, 1868

7. AGE: Years 59 | Months 11 | Days - | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Glass Cutter
(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): Germany

PARENTS

10. NAME OF FATHER: Frederick Hartmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Louise Reitmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Katherine Hartmann
(Address) 3141 St. Vincent Avenue

15. FILED 29, 19 Mark Starkcoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. ....., 1927, to Jan. 27, 1928 that I last saw him alive on Jan. 26, 1928, and that death occurred, on the date stated above, at 3:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95 B
97
Cardiac dilitation
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/C

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. M. Adkins, M. D

1/28, 1928 (Address) 3012 Lafayette

*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: Concordia
DATE OF BURIAL: Jan. 30, 28.

20. UNDERTAKER: Wacker Helderle
ADDRESS: 2331 S. Bridway