

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

Do not use this space.

32460

1. PLACE OF DEATH

County..... Registration District No. 201
Township..... Primary Registration District No. 1
City St. Louis (No. City Hospital #1) St. Ward)

File No.
Registered No. 9562

2. FULL NAME

Minnie Hartman
(a) Residence. No. 3131 Allen Ave. St., 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Hartman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>11</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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

10. NAME OF FATHER Joseph Euckenheim

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Fronnie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

14. INFORMANT Fannie Hartman
(Address) 3131 Allen Ave.

15. FILED 26 1129 Max E. Starkloff
19..... REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1929 to Sept 26, 1929 that I last saw h. alive on Sept 23, 1929, and that death occurred, on the date stated above, at 7:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59
93A
..... (duration) 7 yrs. mos. ds.
CONTRIBUTORY Acute Myocarditis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH Pl death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Stome of heart finding

(Signed) W. S. Samsbury M. D.

(Address) 3158 - 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 Mt. Sinai Cemetery DATE OF BURIAL Sept. 27 1929

20. UNDERTAKER H. Rindorff ADDRESS 5216 Selmer

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

