

**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**

791

Township.....

Primary Registration District No. **1003**

1003

City **St. Louis, Mo.**

(No. **Lutheran Stoop.**)

File No. **7119**

7119

Registered No. **1990**

1990

St. Ward

2. FULL NAME **Oscar Hartig**

(a) Residence. No. **3428 Virginia Ave.** **16** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 1 - 1870.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Book Office**
(b) General nature of industry, business, or establishment in which employed (or employer) **Braver Stone Co.**
(c) Name of employer

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

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Pauline Hartig**
(Address) **3428 Virginia Ave.**

15. FILED **19** **W. C. Hartig** REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 24 - 1930.**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 17**, 19**30** to **Feb 24**, 19**30** that I last saw him alive on **Feb 23**, 19**30**, and that death occurred, on the date stated above, at **6:15 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleurisy with effusion
93C
110 B (duration) **0** yrs. **0** mos. **7** ds.

CONTRIBUTORY **Chr Myocarditis**
(SECONDARY) **Operation for non Tubercular Pleurisy** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH

21. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Thorocentesis**
22. WAS THERE AN AUTOPSY? **No** **2/18/30**

WHAT TEST CONFIRMED DIAGNOSIS **Thorocentesis**
23. (Signed) **Eugene A. Vogel**, M. D.
24, 19**30** (Address) **3132 Cherokee**

*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 **New St. Marcan, Ill** DATE OF BURIAL **2-26-1930.**

20. UNDERTAKER **Ziegenfuss Bros. 2623 Cherokee** ADDRESS

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.

31-1-53

