

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

Do not use this space.

**22768**

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 62888

City

Richmond Hts. Mo. (No. St. Marys Hosp) St. 160 (Ward)

File No.

Registered No.

**2. FULL NAME**

(a) Residence No. 7711 Country Club Ct.

(Usual place of abode)

St. Country Club Ct. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

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)**

Married

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

Harry G. Hartman

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 25 1875

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, ..... hrs. or ..... min.

55

7

1

**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)**

Brunswick

(STATE OR COUNTRY)

Mo

PARENTS

**10. NAME OF FATHER**

unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**14.**

INFORMANT

Harry G. Hartman

(Address)

7711 Country Club Ct.

**15.**

FILED

6/27 1931

C. L. Jensen

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

June 26 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from

June 25, 1931, to June 26, 1931

that I last saw h.e.r. alive on June 26, 1931, and that death occurred, on the date stated above, at 11:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Edema

930

82A

(duration) yrs. mos. 1/24 ds.

**CONTRIBUTORY (SECONDARY)**

Myocarditis (Chronic)

(duration) yrs. 5 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH? NO DATE OF**

WAS THERE AN AUTOPSY? yes at St Marys Hosp

**WHAT TEST CONFIRMED DIAGNOSIS?**

P.M.  
(Signed) E. Ludovick, M. D.

, 19 (Address) 1215 W. Bluff

\*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**

St Johns

June 29 1931

**20. UNDERTAKER**

ADDRESS  
2702 W. Grand

A. Krow & Co

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months and days.

JUL 28 1931

