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.

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

Do not use this space.

35991

File No. 10510

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 500 So. Kingshighway St. Louis Children's Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1013

2. FULL NAME Kenneth Hartmann

(a) Residence. No. 5341 No. Union St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-19-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	7	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

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

PARENTS

10. NAME OF FATHER Bernard Hartmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Josephine Meyer

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

14. INFORMANT Tibbetshoff
(Address) 500 So. Kingshighway

15. FILED OCT 15 1931 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1931, to Oct. 14, 1931, that I last saw him alive on Oct 14, 1931, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia, Staphylococcus
36
36 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Infection of toe non traumatic cause unknown (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Lawrence Goldman, M. D.
10/15, 1931 (Address) St. L. Children's Hospital

*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 Cem.	10/17 1931
20. UNDERTAKER	ADDRESS
W. A. Stock Und Co	2117 E. Grand