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.

10124

File No.

Registered No. 2138

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10083

City St Louis (No. 4721, Ray St. Ward)

2. FULL NAME Lydia Hartmann

(a) Residence, No. St., 15 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: 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: Fred Hartmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 14, 1898

7. AGE: YEARS 33 | MONTHS 10 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

66 B
23 B
1 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo 1

FATHER

13. NAME: Leonard Langeneckert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo 8

MOTHER

15. MAIDEN NAME: Lydia Spengemann

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

17. INFORMANT (ADDRESS): Fred Hartmann 4721 Ray

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Parkhawn Cem DATE: 3-7, 1932

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 Broadway

20. FILED: MAR -5 1932 Max C. Harold Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~March~~ Feb 29, 1932, to March 3, 1932

I last saw her alive on March 3, 1932. Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Poisoning due to acute Nephritis	
16 B	

Other contributory causes of importance:
Toxic Exophthalmic Goitre. (1)

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bert P. Bebee, M. D.

(Address) 3214 S Grand Av.

1-3
3214 S. Grand
Ph. 280. 3568