

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

Do not use this space.

21052

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**)

File No. **5555**
Registered No. **5555**
St. Ward)

2. FULL NAME

(a) Residence, No. **4824 Cass St.** Ward. **6**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **23** 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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 20-1869</i>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <i>62 11 20</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>		
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *June 10 1932* to *June 10 1932*
I last saw her alive on *June 10 1932* Death is said to have occurred on the date stated above, at *7:35 P.M.*

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

Chronic Myocarditis

Other contributory causes of importance:
930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cologne Germany</i>
13. NAME <i>Franz Hartung</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
15. MAIDEN NAME <i>Marie Dornhag</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
17. INFORMANT (ADDRESS) <i>Hospital information City Hospital</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Calvary 6/13 1932</i>
19. UNDERTAKER (ADDRESS) <i>Meer & Dickman</i>
20. FILED <i>JUN 12 1932</i>

Name of operation..... Date of.....

What test confirmed diagnosis? *clinical* (Was there an autopsy?) *yes*

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..... M. D.
(Signed) *J. Scheraga*
(Address) *City Hospital*

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar.

