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.

SEP 26 1933

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

Do not use this space.

27566

1. PLACE OF DEATH

County St. Louis — Registration District No. 789

Township Carondelet — Primary Registration District No. 6633

City — (No. 2961 Hatherly Drive, Bel Ner, St. Hermandy, Mo. (Ward)

File No.

Registered No. 920

2. FULL NAME August H. Hartman

(a) Residence, No. 2961 Hatherly Drive, Bel Ner St., Ward.
(Usual place of abode) Hermandy, Mo.

(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: 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: Mary E. Hartman (King)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 6, 1883

7. AGE: Years 50 — Months 4 — Days 20 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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

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

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

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

FATHER

13. NAME: William Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Brunen

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

17. INFORMANT (ADDRESS): Mrs. Mary E. Hartman, 2961 Hatherly Drive, Bel Ner

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Johns — DATE: Aug 6, 1933

19. UNDERTAKER (ADDRESS): Math Hermann and Son, 3161 Cass Ave

20. FILED Aug 3, 1933 Della Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1932, to 8-1, 1933. I last saw him alive on 8-1-, 1933. Death is said to have occurred on the date stated above, at 5-30 p.m.

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

	Date of onset
Mitral Regurgitation	
9 Yrs	
10 Yrs	

Other contributory causes of importance: High Blood Pressure

Name of operation ... Date of ...

What test confirmed diagnosis? Physical 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) H. J. Fuchs, M. D.

(Address) 6122 Page