MAY 13 1935

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

Do not use this space.

791

14609

1003

File No. 3443

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Lutheran Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mrs. Elizabeth Hartmann

(a) Residence, No. 2801 S. 18th Street St. 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 1 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13th, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	5	1	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME George Berg

14. BIRTHPLACE (CITY OR TOWN) Washington, (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Marie Schuricht

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

17. INFORMANT Mr. Henry Hartmann (ADDRESS) 2801 S 18th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE April 17, 1935

19. UNDERTAKER Bredenweiden Funeral Home, Inc. (ADDRESS) 1936 St Louis Avenue

20. FILED APR 16 1935 19 J F Beebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9 1935 to April 14 1935

I last saw her alive on April 13 1935. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

	Date of onset
Peri nephritic abscess	
Stunting in peri renal space	
Chronic bilateral kidney infection due to kidney stones	
	14
Other contributory causes of importance:	3/9/35
Fractured R femur	

Name of operation No. Date of —

What test confirmed diagnosis? Post mortem findings. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fall from Date of injury 3/9, 1935
Where did injury occur? In home St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fr R Femur (fracture neck)

Nature of injury

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

(Signed) Martin J Sleeper, M. D.

(Address) 721 Olive St, St Louis Mo

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.

Chem. Eng. 11-3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 14609

Township..... Primary Registration District No. 1003 Registered No. 3443

City St Louis (No. ....., Lutheran Hosp St. ..... Ward)

2. FULL NAME Mrs Elizabeth Hartmann

(a) Residence, No. 2801 South 18th St., ... 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 73 MONTHS DAYS If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19....

19. UNDERTAKER (ADDRESS)

20. FILED 10-15 1935 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1935

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

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

	Date of onset

Other contributory causes of importance:

Fracture right neck of femur

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide?~~ ..... Date of injury 3/9, 1935

Where did injury occur? St Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury (fall in home)

Nature of injury Fracture Rt hip

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Martin J. Glaser, M. D.

(Address) 721 Olive, St Louis

SUPPLEMENTARY

S-14609