

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

Do not use this space.

JUN 22 1935

791
1003

18266

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

3907 Williams Pl.

File No.....

Registered No.....

4613

St.

Ward.....

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

J Louis Harting Sr.

3907 Williams Pl.

6 Ward.

(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

Mathilda Harting

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

Feb 22 1867

7. AGE

YEARS

68

MONTHS

3

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Machinist

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

Broderick Baron

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

13. NAME

J. Harting

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

Not known

15. MAIDEN NAME

Not known

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

Not known

17. INFORMANT (ADDRESS)

Mathilda Harting
3907 Williams Pl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Lebanon

DATE

May 20 1935

19. UNDERTAKER (ADDRESS)

Ray Lindner and Co.
1712 1/2 Market St

20. FILE

MAY 24 1935

J. Brebeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from

7/1 1935 to 5/22 1935

I last saw him alive on 5/22 1935 Death is said

to have occurred on the date stated above, at 5:10 P.M.

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

Arterio Sclerosis
(Lues) 34

Other contributory causes of importance:
Chronic Myocarditis
Pulmonary Edema

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....., 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?

If so, specify.....

(Signed) H. J. Niebrugge M.D.

(Address) 3201 N. 20th 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.

21st February 1901

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