WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 12 1935

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

Do not use this space.

37430

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1008 Registered No. 9395

City St. Louis (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME William Hartenbach

(a) Residence, No. 2700 Lafayette St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6th 1867

7. AGE: YEARS 68 | MONTHS | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sand Blaster
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): New York

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Oscar Greaving, 5235 Heege Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo DATE Nov 11th 1935

19. UNDERTAKER (ADDRESS): Albert H. Hoffe Inc. 2297 N. Euclid Ave

20. FILED NOV -8 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 — 1935, to Nov 8 — 1935

I last saw him alive on Nov 7 — 1935. Death is said to have occurred on the date stated above, at 5a m.

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

(1) Septicemia Color Coccus
(2) Bronchopneumonia

Date of onset

51

Other contributory causes of importance:
(1) Carcinoma of penis, prim.
(2) Malignant Lymphadenitis

Name of operation: Amputation of penis Date of Oct 20

What test confirmed diagnosis? Lab. Pathologist 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? .....
If so, specify .....

(Signed) Neil S. Moore, M. D.
(Address) 779 Frisco Bldg.