

FEB 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **1008**

Township

Primary Registration District No.

City **St Louis**(No. **2801 South 18th**)File No. **41974**Registered No. **58**

St. Ward)

2. FULL NAME **Henry Hartmann**(a) Residence, No. **2801 S 18th**St. **2 1/4** 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 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 Elizabeth Hartmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1861		
7. AGE	YEARS	MONTHS
	74	4
		DAYS
		19
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor	
	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)	St Louis Mo
13. NAME	Henry Hartmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
15. MAIDEN NAME	Caroline Schwier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Germany
17. INFORMANT (ADDRESS)	Henry Hartmann 2801 S 18th
18. BURIAL, CREMATION, OR REMOVAL PLACE	Concordia Cemetery Jan 3, 1936
19. UNDERTAKER (ADDRESS)	Frederick Funeral Home, Inc. 1936 St Louis, Ave
20. FILED	Jan - 3 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 31 1935**I HEREBY CERTIFY, That I attended deceased from **Dec 20**, 19**35**, to **Dec 31**, 19**35**I last saw him alive on **12-21-35**, 19..... Death is saidto have occurred on the date stated above, at **4:21 P M**

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

Date of onset

Branchio Pneumonia
Bilateral
131
Other contributory causes of importance
Chronic Intestinal Inflammation

Name of operation Date of operation
What test confirmed diagnosis? **Lobectomy** 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?

If so, specify
(Signed) **John J. Pelzer** M. D.(Address) **7710 Lor St**

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.

