

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.

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

Do not use this space.

JUN 6 1936

791

21398

1. PLACE OF DEATH

County..... Registration District No. **1008**
 Township..... Primary Registration District No.
 City St Louis Mo (No. 4862), Garlin Ave St. Ward)

File No.
 Registered No. **5639**
 St. Ward)

2. FULL NAME

Jennie Hartmann
 (a) Residence, No. 4862 Garlin Ave 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14th 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Steamfitter</u>	
	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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th 1936
 22. I HEREBY CERTIFY, That I attended, deceased from April 15, 1933, to April May 27, 1936
 I last saw her alive on May 27, 1936 Death is said to have occurred on the date stated above, at 3²² a. m.
 The principal cause of death and related causes of importance were as follows:

1) Chronic myocarditis
 2) Cerebral thrombosis
 Other contributory causes of importance:
 1) Hypertension
 2) Thyroid adenoma
 3) Chronic arthritis

Date of onset
5-20-36

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Ills</u>
	13. NAME <u>Frederick Hartmann</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Elizabeth Blank</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Mrs Alice Pentzler</u> (ADDRESS) <u>4862 Garlin Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Ills</u> DATE <u>5/29 1936</u>	
19. UNDERTAKER <u>Hy Lechner Undert Co</u> (ADDRESS) <u>1417 N. Market St.</u>	
20. FILED <u>MAY 28 1936</u> <u>J. Bredeck</u> Registrar.	

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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? No
 If so, specify.....
 (Signed) H. H. Feller, M. D.
 (Address) 3611 S. Louis Ave.

