

JAN 10 1938

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

42896  
Do not use this space.

791  
1003

Registered No. 12146

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City Saint Louis, Missouri. (d) Street No. Park Lane Hospital. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Harting

(a) Residence, No. 3417 Indiana Ave. St. 24 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Michael Harting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10th, 1845.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
92 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc. 26  
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) Germany 10

FATHER 13. NAME Unknown 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Frieda Manshardt  
(ADDRESS) 3417 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New St. Marcus Cem. DATE January 3rd, 1938

19. FUNERAL DIRECTOR Ziegenhein Bros.  
(ADDRESS) 2523 Cherokee Street.

20. FILED J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 19 37, to Dec. 29, 1937, 19  
I last saw her alive on Dec. 29, 1937, 19. Death is said to have occurred on the date stated above, at 7:35 P. M.

The principal cause of death and related causes of importance were as follows:  
Scerility, cardiac deficiency, hypo-static pneumonia, Bronchial (Bronchial pneumonia caused cardiac deficiency)

Other contributory causes of importance:  
107a

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) John S. Dancy, M. D.  
(Address) 3626 S. Broadway.

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.

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STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed

*Juddie A. Ziegenhein*

Licensed Embalmer No. 2270.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**