

REC'D APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
10039193  
Do not use this space.

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St Louis ..... (d) Street No. Deaconess 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.

Registration District No. ....

Primary Registration District No. ....

Registered No. 2782

## 2. PRINT FULL NAME

Marie Hartmann 635

(a) Residence, No. 3936 North Florissant Ave St. 26 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward W Hartmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1889

7. AGE YEARS 49 MONTHS 1 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 11/10/06

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis. Mo

FATHER 13. NAME Ernst Kleen  
Germany

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

MOTHER 15. MAIDEN NAME Germany  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Edward W Hartmann  
3936 N Florissant

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Catharine DATE Mar 25 1938

19. FUNERAL DIRECTOR (ADDRESS) Deiderwiden Funeral Home  
1936 St. Louis Ave. St. Louis, Mo.

20. FILED MAR 24 1938 J. H. Breder Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1938<sup>19</sup>

22. I HEREBY CERTIFY, That I attended, deceased from Jan 24 1938, to March 22, 1938  
 First saw her alive on March 22, 1938. Death is said to have occurred on the date stated above, at 1:15 P M

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

Cholangitis Biliary Date of onset X A  
Cholelithiasis biliary X A  
Cholelithiasis X A  
 Other contributory causes of importance: Surgical Shock 3/23/38

Name of operation Cholecystectomy Date of 3/23/38  
 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? No  
 If so, specify ..... (Signed) Wm Simpson, M. D.  
 (Address) St. Louis, Mo.

OCT 9 1946

STATEMENT BY LICENSED EMBALMER

I, Gustaf, Licensed Embalmer No. 3737  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Gustaf  
Licensed Embalmer No. 3737

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.)