

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

REC'D APR 8 1938

12110

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Co.

Registration District No. 784

(b) Township Gleyton

Primary Registration District No. 115

Registered No. 528

(c) City University City Mo (d) Street No. 572 Stratford Ave.

(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. 5 ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John A. Hartmiller

(a) Residence, No. 635

St. ☐

Lebanon Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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

Julia Hartmiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-13-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

4

8

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

ret. gen. merchant

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

12. BIRTHPLACE (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Michigan

FATHER 13. NAME Jacob Hartmiller

14. BIRTHPLACE (CITY OR TOWN) Michigan
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Fisher

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

17. INFORMANT (ADDRESS) Julia Hartmiller
572 Stratford St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebanon Mo.

DATE 3-23-38

19. FUNERAL DIRECTOR (ADDRESS) Alexander J. Davis
6175 Delmar Blvd.

20. FILED 3-21

1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19..... , to , 19.....

I last saw him alive on , 19..... Death is said to have occurred on the date stated above, at 10.30 A.M.

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

Date of onset

2 yrs

Chronic myocarditis

Other contributory causes of importance:

Coronary occlusion

1 day

Name of operation Date of
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) John O. Russell
Coroner of St. Louis County, Mo.

Hartmiller John A. On Mon. Mar 21, 38-

STATEMENT BY LICENSED EMBALMER

I, J. Wm. Deuker, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Wm. Deuker
Licensed Embalmer No. 3653

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.)