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.

REC'D DEC 12 1938

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

791

37440
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 3 Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9767

(c) City St. Louis (d) Street No. Tower Grove Park 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 Emmett R. Hartman

(a) Residence, No. 4064a Lafayette Ave. St. 17
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive Hartman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9th. 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	1	1	

OCCUPATION

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

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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Ernest Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piolet Knob Missouri

MOTHER

15. MAIDEN NAME Anna Stark

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

17. INFORMANT Olive Hartman
(ADDRESS) 4064a Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD S.S. Pater-Paul DATE Nov. 12- 19 38

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED NOV 11 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of head, self inflicted in Tower Grove Park, about 100 feet east of Kingshighway Boul., Nov. 10th, 1938, about 10:30 A.M.	

Other contributory causes of importance:

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? Suicide Date of injury 11/10 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
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) Joseph M. Queen, M.D.
(Address) Deputy Coroner

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Frank J. Hyland., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Hyland.

Licensed Embalmer No. 2675

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.