

AN -7 1939
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 96
 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.

RECEIVED FEB 7 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

3758
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 01 Registered No. 32
 (c) City Clayton (d) Street No. St. Louis County 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 John Hartman

(a) Residence, No. 3818 Jennings, Pine Lawn, Mo. St. (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 <u>male</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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/6/ 1873</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
		DAYS <u>1</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Odd Jobs</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	13. NAME <u>George Hartman</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Christina Bopp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/39 19
 22. 1/1/39 HEREBY CERTIFY, That I attended deceased from 1/7/39 19, to 1/7/39 19,
 I last saw him alive on 1/7/39 19. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia l. h. lobes - decompensated heart due to Regenerated Heart Disease

Date of onset 12/1/38
10/1/38?

Other contributory causes of importance: 108
 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?
 If so, specify (Signed) James A. Doud, M. D.

17. INFORMANT (ADDRESS) Brother-in-law, C. Weis
3818 Jennings Rd. Pine Lawn
 18. BURIAL, CREMATION, OR REMOVAL PLACE Callwin M. E. Co. DATE 1/10 1939
 19. FUNERAL DIRECTOR (NAME) Louis Bopp
 (ADDRESS) Herkusard
 20. FILED JAN - 7 1939 J.R. Meyer Local Registrar

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, or by John M Meyer, Registered Apprentice No. _____ working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 3288
P. O. Address 340 W. Adams Ave
Yorkwood Pa

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.)

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