

REC'D AUG 11 1939 **791**
1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institutions 3335 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Walter Hartman 635

3. (b) If veteran, name war World 3. (c) Social Security No. 70112

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Agnes Hartman 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 26 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo 7 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoemaker 1

11. Industry or business _____ 0

MOTHER FATHER { 12. Name George Hartman

13. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Chapman

15. Birthplace Tipton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Hartman

(b) Address 4320 N. Newstead Ave.

17. (a) Burial (b) Date thereof 7-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Miss Bro. Leise

(b) Address 2925 S. Jefferson Ave.

19. (a) JUL 15 1939 (b) J.P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis **34**
(If outside city or town limits, write "RURAL")
(d) Street No. 3335-5 Illinois Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1939 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Chronic Myocarditis
Fatty Degeneration of Kidneys
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy 131
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature Joseph M. Quinn (M. D. or other) _____
Address Deputy Comm. Date signed 7/15

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1-X19511

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.

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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *29298 Jefferson*

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.