

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

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

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.

1. PLACE OF DEATH: 2

(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 institution:  
4144 Quincy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 18 years  
years, months or days

3. (a) PRINT FULL NAME Jakob Hartwein 625

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-16-5495

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

6. (b) Name of husband or wife Margit Hartwein 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 17, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>3</u>	<u>30</u>	hr. _____ min. _____

9. Birthplace Jugo-Slavia  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor & Watchman

11. Industry or business Pipe Company

MOTHER FATHER { 12. Name John Hartwein

13. Birthplace Jugo Slavia  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Goettel

15. Birthplace Jugo Slavia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Margit Hartwein

(b) Address 4144 Quincy

17. (a) Burial (b) Date thereof Nov. 20, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Beiderman Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) NOV 20 1939 (b) J. B. ...  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4144 Quincy  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 18 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th  
year 1939 hour 10: minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 3rd - 1939  
to Nov. 16, 1939  
that I last saw him alive on Nov. 16, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon  
Primary site, liver mets  
Due to From history alone  
Due to \_\_\_\_\_

Duration ???  
1 month

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 46  
Of operations

Of autopsy

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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. ... (M. D. or other) \_\_\_\_\_  
Address 3450 Gram ave Date signed 11/17/39

Dr. Wm. B. ...  
3450 ...

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

Signed Felix J. Krupin  
Licensed Embalmer No. 3497  
P. O. Address 1936 St. Louis Ave

**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.**