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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42098

Registration District No. 791 Primary Registration District No. Registrar's No. 11221

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mos. 18 days (Specify whether
In this community 61 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1520 E. John St
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Hartman 635

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta Hartman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan (Month) 30, (Day) 1865 (Year)

8. AGE: Years 74 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Breeze (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Fireman 1

11. Industry or business Stationary

FATHER
12. Name Louis Hartman 6
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Hake
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Peter Todt
(b) Address 5400 Arsenal St

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Vallhalla Crematory

18. (a) Signature of funeral director Gluedmeyer & Sons
(b) Address 3934 N. 20 St.

19. (a) DEC 30 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th., year 1939 hour 1:45 p.m. minute M.

21. I hereby certify that I attended the deceased from 11-1- 1939 to Dec. 29, 1939 that I last saw him alive on Dec. 29, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis 12-25-39	
Due to Arteriosclerotic Heart Disease 9-12-1938x	
Due to Intertrochanteric Fracture of Rt. Femur 12-29-39	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

186a
38

PHYSICIAN
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) Accident
(b) Date of occurrence 12-29-39
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Hospital (Specify type of place)
While at work? (e) Means of injury Fall.

23. Signature N. J. Bublis M.D. (M. D. or other)
Address 5400 Arsenal St Date signed

(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, or by Geo. P. Schubert, Registered Apprentice No. working under my personal supervision.

Signed Geo. P. Schubert,

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighw

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

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