

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33841

5538

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

PLACE OF DEATH:

(a) County ST LOUIS. MO
(b) City or town ST LOUIS. MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3859 FLORA PL. 2
(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 ADA NEVILLE HARTMANN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG. 22 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 20 hr. min.

9. Birthplace MO. (City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business

12. Name RUDDOLPH J. HARTMANN13. Birthplace GERMANY (City, town, or county) (State or foreign country)14. Maiden name ADA ENSOPP (City, town, or county) (State or foreign country)15. Birthplace MO. (City, town, or county) (State or foreign country)16. (a) Informant Mrs Ada Hartmann(b) Address 3859 FLORA PL.17. (a) BURIAL (b) Date thereof OCT. 16. 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director L. M. Mullen(b) Address 5165 DELMAR BLVD.19. (a) OCT 15 1940 (b) J. F. Burdick
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST LOUIS. 17
(c) City or town ST LOUIS. (If outside city or town limits, write "RURAL")
(d) Street No. 3859 FLORA PL. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th.
year 1940 hour 8 minute P.M.21. I hereby certify that I attended the deceased from May
3rd. 19 40 to October 13th. 19 40
that I last saw her alive on October 13th. 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial pneumonia Duration 24 hoursDue to Chronic cholelithiasisDue to Portal cirrhosis of liver 5 months
(non alcoholic) type not determinedOther conditions
(Include pregnancy within 3 months of death)Major findings: 176Of operations 176Of autopsy 176

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) (c) Means of injury

23. Signature C. W. Jung (M. D. or other)Address 2278 S. Jefferson Date signed Oct. 14

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

John Ketter
Licensed Embalmer No. 3880

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.