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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Mr. Rosenberg 43798 ✓

JAN 8 1940

State File No. \_\_\_\_\_

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

Primary Registration District No. 101

Registrar's No. 2430

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: 235-S-Warson Rd.  
(If not in hospital or institution, write street number or location)

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

In this community 35 years  
years, months or days

3. (a) PRINT FULL NAME CHRIST C. HARTMANN

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Hermann 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Philipp Hartmann

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

14. Maiden name Elizabeth Hartmann

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

16. (a) Informant Conrad Hartmann

(b) Address 235-S-Warson Rd Clayton, Mo

17. (a) Burial (b) Date thereof 12-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ch.

18. (a) Signature of funeral director Sammy Brodie

(b) Address 2504 Woodway Overland, Mo

19. (a) DEC 24 1940 (b) M. D. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 235-S-WARSON RD.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1940 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 11, 1940 to December 21, 1940  
that I last saw him alive on Dec 17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis rheumic

Due to General Arterio Sclerosis

Due to \_\_\_\_\_

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

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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 Chas F Rosenberg (M. D. or other) \_\_\_\_\_  
Address 7745 Olive St. St. Louis Date signed 12/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Oscar J. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

**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, fact should be so stated above.**