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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30234

State File No.

1003

Registrar's No.

7573

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3829 Fairview Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None (Specify whether
In this community. None years, months or days)

3. (a) PRINT FULL NAME Clara Mildred Hartmann
3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife. Chas. W. Hartmann 6. (c) Age of husband or wife if alive About 56 years
7. Birth date of deceased November 7, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 11 If less than one day
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business - - -

MOTHER FATHER { 12. Name Herman Toennemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Brunnert
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Hartman
(b) Address 3829 Fairview ave

17. (a) Burial (b) Date thereof 9/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) SEP 19 1941 (b) J. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Misouri (b) County 000
(c) City or town St. Louis 16 12
(If outside city or town limits, write "RURAL")
(d) Street No. 3829 Fairview Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1941 hour 9:50 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug. 18th
1940 to Sept. 18th 1941
that I last saw her alive on Sept. 18th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis 1 da.
Duration

Due to Chronic Interstitial Nephritis
Arteriosclerosis 1 yr.

Other conditions XXXXXX
(Include pregnancy within 3 months of death)

Major findings: XXXX
Of operations 1/21
Of autopsy

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) XXXX
(b) Date of occurrence XX
(c) Where did injury occur? XXX
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXX

While at work? XX (Specify type of place) (e) Means of injury (X)

23. Signature W. H. Hatters (M. D. or other) M. D.
Address 3608 So. Grand Blvd Date signed 9/19/41

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

Dr. Walters

3608 S. Grand

2:00 - 4:00 P.M.

7: - 8: P.M. - M.W.F

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Grand

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.