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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30258

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7597

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4611 McPherson Ave. /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town Saint Louis, 12 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4611 McPherson Ave.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A. 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th,  
year 1941. hour 7 minute 30P. M.

21. I hereby certify that I attended the deceased from Jan. 20 1941, 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  
Chronic Myo carditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henrietta Hartzke,

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

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

6. (b) Name of husband or wife John Hartzke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 21st, 1849  
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House-Wife.

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Gus Hartzke

(b) Address 2750 Chippewa Street.

17. (a) Burial (b) Date thereof Sept. 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery.

18. (a) Signature of funeral director Ziegemeier Bros.

(b) Address 2623 Cherokee Street.

19. (a) SEP 20 1941 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

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. J. Brudick (M. D. or other) \_\_\_\_\_

Address 3801 Chippewa Date signed \_\_\_\_\_

**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: *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

**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.**