

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32524

FILED OCT 7 1941
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1422

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's (1)
(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 Un-named. Hartlage
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased 9 14 41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 15 min.

9. Birthplace Richmond Heights Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name George Joseph Hartlage
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ethel Dubs
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant mother
(b) Address 1517 Dillon - St. Louis, Mo.
17. (a) Burial (b) Date thereof 9-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dick Hill Cem.

18. (a) Signature of funeral director Ray B. Smith
(b) Address 3456 W. Main St. St. Louis, Mo.
19. (a) SEP 15 1941 (b) [Signature]
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 Dillon
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 14
year 41 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12:00 to 1:15 pm 9-14-41
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

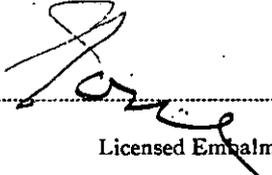
Immediate cause of death _____
Due to Premature
Due to 159
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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 T. B. Fisher (M. D. or other) Mo
Address 2816 Sulta Ave Date signed 9-14-41

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.....


Licensed Embalmer No.....

P. O. Address.....

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..