

No. 2  
1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33362**  
Registrar's No. **8317**

FILLED NOV 27 1941

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **2137<sup>2</sup> Sidney St.**  
(b) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **2137<sup>2</sup> Sidney St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**  
(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis,** **9 23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2137a Sidney Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Rosa Hartlieb**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month **October** day **18**  
year **1941** hour **6:15** minute \_\_\_\_\_ P. M.

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

21. I hereby certify that I attended the deceased from **August 30th,** 19 **41** to **October 18th,** 19 **41**  
that I last saw her alive on **October 18th,** 19 **41**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 28,** 18**66**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**acute exacerbation of chronic endocarditis** **Indefinite**  
Duration

8. AGE: Years Months Days If less than one day  
**75** **2** **20** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Arteriosclerosis**  
Due to \_\_\_\_\_

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At home**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name **Frank Joseph Hartlieb**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Eva Heilig**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Joseph Hartlieb**  
(b) Address **2137a Sidney Street**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **10/21/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **SS. Peter & Paul Cem.**  
18. (a) Signature of funeral director **John H. Etkin**  
**2630 Gravois Avenue.**  
(b) Address  
19. (a) **OCT 20 1941** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Chas. J. Smith** (M. D. or other) \_\_\_\_\_  
Address **227B S. Jefferson** Date signed **10-20-41**

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**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 *Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue

**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.**