

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8949

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mt. Pleasant St. & Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 50 Years  
St. Louis City Hosp

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3826 a Fillmore St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, state country \_\_\_\_\_  
Not Attending Physician

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month NOV day 10  
year 1941 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married/  
divorced Married  
6. (b) Name of husband or wife Louise  
6. (c) Age of husband or wife if  
alive 61 years  
7. Birth date of deceased. August 26 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Occlusion  
Coronary Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Music Teacher

Other conditions 9/4/41  
(Include pregnancy within 3 months of death)  
Major findings: Of operations Pending  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name Joseph Hartmann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Clem Hartmann  
(b) Address 3826 Fillmore St.  
17. (a) Burial (b) Date thereof 11-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Picker Cemetery  
18. (a) Signature of funeral director Jacker-Selmsle Und. & Per. Co  
(b) Address 3634 Gravois Ave  
19. (a) 400V 12 1941 (b) J. J. Brudeck  
(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 3  
23. Signature Thomas Callahan (M. D. or other) \_\_\_\_\_  
Address County Coroner Date signed 11/12/41

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

100  
19  
3

**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.....

*Frank J. O'Connell*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*St. Louis, 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.**