

No. 2  
-1-4-41  
5-17-39  
X28396

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4430**  
Registrar's No. **1211**

Registration District No. **17 1942 791**

Primary Registration District No. **1003**

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:  
**City Hospital #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)

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. **3862 Bamberger Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7th** day **February**  
year **1942** hour **11:00** minute **A.** M.

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

Immediate cause of death:  
Fracture of skull, subdural  
hemorrhage of brain when  
he was struck by a Public  
Service Bus, operated by one  
Alfred Clay Emery at the  
intersection of Madison and  
Southwest Ave. about 11 PM  
Feb 6 - 1942  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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) **Accident**  
(b) Date of occurrence **2-6-1942**  
(c) Where did injury occur? **to Louis mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**  
(Specify type of place)  
While at work?.....  
Means of injury.....  
23. Signature **Alfred Emery** (M. D. or other).....  
Address..... Date signed **2/9/42**

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

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive **18 yrs**  
7. Birth date of deceased **March 2**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **11** Days **5**  
If less than one day hr. min.

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

10. Usual occupation **Fireman**

11. Industry or business **City of St. Louis**

12. Name **George Hartmann**  
13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Buol**  
15. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ad. Hartman**  
(b) Address **3864 Bamberger Ave**

17. (a) **Burial** (b) Date thereof **Feb 10 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Pl**  
18. (a) Signature of funeral director.....  
(b) Address **Pestz Brothers**  
**3029 Lafayette Ave**

19. (a) **FEB 9 1942** (b) **J. F. Bredenk**  
(Date received local registration) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

*Common*

**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. Owens*

Licensed Embalmer No. *2245*

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.**