

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22265

State File No. _____

FILED JUL 6 1942
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1418

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Dinelawn
(If outside city or town limits, write "RURAL")
(d) Street No. 6425 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1942 hour 6 minute 05 p.m.

21. I hereby certify that I attended the deceased from 6-28-42
to 6-30-42
that I last saw him alive on 6-30-42
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure acute
Duration _____

Due to Empyema & multiple abscesses and bronchopneumonia
Due to _____
Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 110a
Of operations _____
Of autopsy Concurred
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)
(a) Means of injury _____
23. Signature E. J. Beckler M.D. (M. D. or other)
Address Es Map Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Hartman

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillian Hartman 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased April 29 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

12. Name Henry Hartman

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

14. Maiden name Anna Ebert

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

16. (a) Informant Mrs. Lillian Hartman

(b) Address 6425 St. Louis Ave.

17. (a) Burial (b) Date thereof 7-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

(d) Signature of funeral director Math. Hefmann & Son

(b) Address JUL 1 - 1942 E Fair

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

709 (Licensed Embalmer's Statement on Reverse Side)

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

96
29
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.....

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.

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.

1942
S-22266

Signed.....

Francis A. Williamson

Licensed Embalmer No.....

3565

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.