

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25900

State File No.

FILED SEP 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2096

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3830 Nebraska Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3830 Nebraska Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Floyd Jerome Hartman

3. (b) If veteran, name war None 3. (c) Social Security No. 489-20-6378

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 24, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 28 hr. min.

9. Birthplace Unknown Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Contractor

MOTHER FATHER { 12. Name Jerry Hartman

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Ida Johnson 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Della Hartman
(b) Address 3830 Nebraska Ave.

17. (a) Burial (b) Date thereof Aug. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director J. M. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) AUG 21 1942 (Date received local registrar) (b) J. F. Butler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22,
year 1942 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from April
21, 1942, to July 11, 1942,
that I last saw him alive on July 11, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?

(Specify type of place) While at work (a) (b) Means of injury 0

23. Signature Chas. Wade (M. D. or other) 8/24/42
Address 1515 Lafayette Avenue, Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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

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 Paul A Keith
Licensed Embalmer No. 3612
P. O. Address 2317 Lafayette

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.