

FILED DEC 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10363**

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:
3504 A McKean /
(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. **3504 A McKean**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Henry J. Hartmann**

3. (b) If veteran, name war.....

3. (c) Social Security No. **489-10-6586**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Barbara**

6. (c) Age of husband or wife if alive..... **60** years

7. Birth date of deceased **July 29 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 **4** **12** hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Metal Polisher**

11. Industry or business.....

12. Name **Christian Hartmann**

13. Birthplace **Alton Ill. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Diederich**

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara Hartmann**

(b) Address **3504 a McKean**

17. (a) **Burial** (b) Date thereof **12-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset**

18. (a) Signature of funeral director **J. F. Predeck**

(b) Address **3013 Meramec St.**

19. (a) **DEC 12 1942** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **11**
year **1942** hour **5** minute **00** A. M.

21. I hereby certify that I attended the deceased from **July 5** 19**36**, to **Dec 10** 19**42**
that I last saw him alive on **Dec 10** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Central Pneumonia**

Due to..... **since July 5th 1936**

Due to..... **W**

Other conditions..... **92**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations..... **1936**

Of autopsy..... **1942**

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) (c) Means of injury.....

23. Signature **A. A. Gilharrath** (M. D. or other) **0**
Address **3438 B. Ruffalo** Date signed **12/11/42**

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

MOTHER FATHER

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.....

~~George N. Archambault~~ *Clarence Kochow*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.....

~~2906~~

3093

P. O. Address.....

3013 Meramec St.

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.