V. S. No. 2
50M-5-42
Rev. 5-17-39
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FILED JAN 26 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

333

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 527

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 8 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3654 Winnebago St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lillie Hartmann

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife Maurice Hartmann 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov 3 (Month) 1887 (Day) (Year)

8. AGE: Years 55 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Peter Mammer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Lydia Schmidt
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Maurice Hartmann
(b) Address 3654 Winnebago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Fr. Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 9 20 PM.M minute M.

21. I hereby certify that I attended the deceased from Dec 12, 1943, to Jan 17, 1943 that I last saw her alive on Jan 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Brights (Uremic coma) — Duration 6 wks. 1 day

Due to 57

Due to

Other conditions Chronic Arthritis Def (Include pregnancy within 3 months of death) — 5 years

Major findings: Of operations none

Of autopsy none

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? (e) Means of injury

23. Signature W. Sansbury (M. D. [redacted])

Address 3858 Lafayette Date signed 1-18-43

(Licensed Embalmer's Statement on Reverse Side)

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. David. Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grants

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.