S. No. 2
M—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 116

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2151

Primary Registration District No. 3020

Registrar's No. 1

**1. PLACE OF DEATH:**
(a) County: Franklin St. Francois
(b) City or town: Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 hrs (Specify whether years, months or days)
In this community:

**2. USUAL RESIDENCE OF DEACESED:** 169
(a) State: Missouri (b) County: Warren
(c) City or town: Marthasville
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: FRED HARTMANN
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 24 (Day) 1902 (Year)
8. AGE: Years 40 Months Days 12 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo O (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: Rudolph Hartmann
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lillie Hammerschmidt
15. Birthplace: St. Louis (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant: John S. Rubl
(b) Address: Marthasville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Emmanuel Home Cem.
18. (a) Signature of funeral director: Fred W. Lichtenberg
(b) Address: Marthasville Mo
19. (a) Jan 9-43 (Date received local registrar) (b) Lucile Ruether (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 9 year 43 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 4 1943 to Jan 9 1943 that I last saw him alive on Jan 9 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Peritonitis | 2 days |
| Due to: Obstruction of small intestine | |
| Due to: adhesions | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: Gallstones cons. Total Bilateral and Peritonitis | |
| Of autopsy: | |

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: G. C. Johnson (M. D. or other) M.D.
Address: Marthasville Mo. Date signed 1/9/43

1181 (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 Fred W Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville Ind

**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.**