

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 Months
(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. 4641A Shirley Place.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME HERMAN W. HARTMAN,

3. (b) If veteran, name war None 3. (c) Social Security No. 494-01-1270

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

6. (b) Name of husband or wife Edith M. Hartman. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 17, 1881.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>2</u>	hr. min.

9. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Motorman Street Car

11. Industry or business (Retired)

12. Name William Hartman.

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

14. Maiden name Sarah Strawn.

15. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith M. Hartman.

(b) Address 4641a Shirley Place.

17. (a) Burial (b) Date thereof 2-22-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 - Easton Ave.

19. (a) FEB 22 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th.
year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-5-1942 to Feb 19-1943
that I last saw him alive on Feb 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic sclerosis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

23. Signature Asst. Hyland (M. D. or other)

Address 3901 Park Ave Date signed 2-11-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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Dr. Robert F. Hyland.
Office Hours 9 to 11 A.M.

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 3454

David C. Gibson

, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastwood 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.