

S. No. 2
DM-2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16178

FILED JUN 9 1943

318

Primary Registration District No.

1003

State File No.

5053

Registrar's No.

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:
St. Luke's Hospital
(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 Illinois (b) County _____
(c) City or town Woodriver
(If outside city or town limits, write "RURAL")
(d) Street No. 119 South 7th Street.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 2

3. (a) PRINT FULL NAME Martha Hartwig

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Max Hartwig 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 15, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 16 hr. min.

9. Birthplace Wanat Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adolph Kapelske

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

14. Maiden name Josephine Metzner

15. Birthplace Wanat Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Max Hartwig

(b) Address Woodriver, Illinois

17. (a) Removal (b) Date thereof 6/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JUN 1 1943 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from May 26
1943 to May 31, 1943
that I last saw her alive on May 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Tumor of Brain Malignant
Due to _____
Due to 5H
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Same PHYSICIAN _____
Of operations _____
Of autopsy _____
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) (Specify means of injury)

23. Signature J. T. Bredeck (M. D. or other) M.P.

Address 4952 Maryland Date signed 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

844

St. Louis, Mo

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *G. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.