

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

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(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. Anthony'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 **Missouri** (b) County **17**
(c) City or town **St. Louis** **923**
(If outside city or town limits, write "RURAL")
(d) Street No. **2006 Senate St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **August William Hartmann**

3. (b) If veteran, name war **World War 1** 3. (c) Social Security No. **488-10-7889**

4. Sex **Male** 5. Color or race **White** 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. **Sept. 12, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 11 hr. min.

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

10. Usual occupation **Beer Bottler**

11. Industry or business **Brewery**

MOTHER FATHER { 12. Name **Joseph A. Hartmann**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Recca Gebhart**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Al. Hartmann**
(b) Address **2006 Senate St.**

17. (a) **Burial** (b) Date thereof **June 26, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Weick Bros.**
(b) Address **2201 S. Grand Bl.**

19. (a) **JUN 25 1943** (b) **J. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1943** hour **9** minute **0** P. M.

21. I hereby certify that I attended the deceased from **May 31st** to **June 23rd**, 19**43**
that I last saw him alive on **June 23rd**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion 1 hour.
Due to **Chronic Bright Disease**
" Interstitial Nephritis 2 yrs.
Due to **Chronic Bronchitis - 2 yrs.**
Other conditions (include pregnancy within 3 months of death)

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

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature **Albert Weick** (M. D. or other) **md**
Address **3548 S. Grand Bl.** Date signed **6-25-43**

31-155 S. Howard

JUL 6 - 1943

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 *Jay A. Howard*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.