

FILED JUL 3 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5765**

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:
Presloge Hosp. O
(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 Mo. (b) County 24⁰⁰⁰
17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2915^S Mo. Av.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hartz, Charles C.

3. (b) If veteran, name war no. 3. (c) Social Security No. 720.

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

6. (b) Name of husband or wife Bertha Hartz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 43 hour 3:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-19, 1943, to 6-23, 1943
that I last saw h.l.w. alive on 6-23, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 0 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired City Fireman

11. Industry or business _____

MOTHER FATHER { 12. Name John Hartz

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

14. Maiden name Margaret Michael

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

16. (a) Informant Dorothy Hartz

(b) Address 2915^S Mo. Av.

17. (a) Burial (b) Date thereof 6-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pl.

18. (a) Signature of funeral director Greta Bro. R. Udo

(b) Address 2929 S. Jefferson A.

19. (a) JUN 24 1948 (b) J. P. Predeak
(Date received local registrar) (Registrar's signature)

Immediate cause of death Portal Cirrhosis of Liver
12H

Due to _____

Due to _____

Other conditions Ascites - Emphysema of Lungs - Toxic Spleen
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Same as Above.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm. C. Macdonald (M. D. coroner)
Address 1325 S. Grand Ave. Date signed 6-23-43

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD.

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..... *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address *3929 S Jefferson*

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.