

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29937

State File No. _____
Registrar's No. 8518

FILED OCT 2 - 1943 318
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Theresa Hartenberger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. H.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 24th, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	II	0	hr. _____ min.

9. Birthplace Highland, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Lawrence T. Winter

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

14. Maiden name Sophia Winter

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

16. (a) Informant Wm. L. Hartenberger

(b) Address 3835 Sullivan Ave.

17. (a) Burial (b) Date thereof 9/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) SEP 27 1943 (b) J. F. Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo.

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

(d) Street No. 2506 W Sullivan Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 24th,
year 1943 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 22, 1939, to Sept 24, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute cardiac dilatation chronic myocarditis 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? _____

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

23. Signature G. H. Killeen (M. D. or other)
Address 312 N Grand Date signed 9/27/43

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

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..... *Isy 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.