

S. No. 2
OM-5-43
v. 5-17
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36440
State File No. _____
Registrar's No. 9799

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

FILED NOV 18 1943 318

Registration District No. _____ Primary Registration District No. 1003

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community _____ ? _____ 0 _____
years, months or days)

3. (a) PRINT FULL NAME Herman A. Hartz
3. (b) If veteran, name war No
3. (c) Social Security No. No ne

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna I. Hartz
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased November 10, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 28 hr. _____ min.

9. Birthplace Leavenworth, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business Metropolitan Police Dept.

MOTHER FATHER {
12. Name Ludwig Hartz
13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Maurer
15. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Hartz
(b) Address 2212 St. Louis Ave.

17. (a) Burial (b) Date thereof Nov. 12, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 8 1943 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL") 000
(d) Street No. 2212 St. Louis Ave. 17
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8th,
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from November 6, 1943 to November 8, 1943
that I last saw him alive on November 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage } 36 hrs
Left hemiplegia }
Due to gen. arterio-sclerosis (yes?)
Due to _____

Other conditions: 83
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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? _____

23. Signature Arthur Sinslow (M. D. or other) 0
Address 2202 University St. Date signed 11/8/43

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 John A. Minner
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo

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.