

FILED NOV 20 1943

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2535

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town West Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10509 Wurdack
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Abt 2 years
years, months or days

3. (a) PRINT FULL NAME Joseph Hartmann

3. (b) If veteran, name war none

3. (c) Social Security No. 498-16-1871

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife Mattie Freund Hartmann

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

7. Birth date of deceased 7 18 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Shoe Jobber

11. Industry or business _____

MOTHER FATHER

12. Name Ignatz Hartmann

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

14. Maiden name Nanie Kohn

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

16. (a) Informant Jarome Hartmann

(b) Address 10509 Wurdack, West Overland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) NOV 16 1943 (Date received local registrar)
(b) E. G. McEwan, M. D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town West Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 10509 Wurdack
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1943 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 13 1943 to Nov 13 1943
that I last saw him alive on Nov 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

10 yrs.

Major findings:
Of operations _____

Of autopsy 945

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 Heart

23. Signature J. H. Sigler (M. D. or other) _____

Address 9221 Midland Date signed 11-13-43

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

76
13
1

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 Agonovski*
.....
Licensed Embalmer No. *3398*
.....
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.