

FILED JAN 3 1944
Registration District No. 1944 818

Primary Registration District No. 1003

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

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: Lutheran Hospital 0
 (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 St. Louis 96
 (c) City or town Lemay 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 111 W. Velma ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMILE HARTMANN
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
 year 1943 hour 6 45 minute 1 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Hartmann
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 5 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 7
 _____, 1943, to Dec. 20, 1943
 that I last saw him alive on Dec. 19, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 4 14 _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage (Apoplexy) Duration 36 hrs.
 Due to Arteriosclerosis yes.

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Asst. Mgr.

Major findings: That of oblique pyramidal
hemis. intracerebral (Local
anesth.)

11. Industry or business Hartmann Auto Service

Of autopsy _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wm. H. Hartmann

(b) Address 111 E. Velma ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Dec. 22, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.A. L.C.
 (b) Address 7814 S. Broadway

19. (a) DEC 21 1943 J. P. Brudeck
 (Date received local registrar) (Registrar's signature)

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 J. Lewis Hutton (M. D. or other) M. D.

Address 3606 Genoa Date signed 12/20-43

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.