

FILED JAN 3 1948

Registration District No. _____

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: **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony 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)

3. (a) PRINT FULL NAME: **Joseph Hartung,**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Martha Hartung** 6. (c) Age of husband or wife if alive: **78** years

7. Birth date of deceased: **November 17th, 1864.**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **3** If less than one day hr. _____ min.

9. Birthplace: **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Fireman**

11. Industry or business _____

12. Name: **? Hartung**

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: **Martha Hartung**
(b) Address: **4920 Loughboro Ave.**

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

(c) Place: burial or cremation: **St. Matthews Cemetery**

18. (a) Signature of funeral director: **Regenthorpe Bros.**

(b) Address: **6409 Gravois Ave.**

19. (a) **DEC 23 1943** (Date received burial certificate) (b) **J. F. Boudreau** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri.** (b) County: **112**
(c) City or town: **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No.: **4920 Loughborough Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20th,**
year **1943.** hour **1** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Nov. 23** 19**43** to **Dec 20** 19**43**
that I last saw ~~him~~ alive on **Dec 20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia** Duration **3 days**
Due to: **Amputation of left thigh** **Dec. 6, 1943**
Due to: **Arterio Sclerosis - Angerine of left foot** **??**
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **as above** PHYSICIAN _____
Of operations: _____
Of autopsy: _____
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) **no**
(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. F. Boudreau** (M. D. or other) **and**
Address: **5417 St. Grand Blvd** Date signed: **12-21-43**

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 Juddie A. Ferguson

Licensed Embalmer No. 2270

P. O. Address 6409 Gravois

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.