

FILED JAN 3 1944 318
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(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 2 days (Specify whether
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4030 Lincoln (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BARBARA K. HARTWIG

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife William Hartwig 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 24, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business SELF

12. Name LEO. HOLTSMANN

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

14. Maiden name Eva Hames

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

16. (a) Informant Mr. Lawrence Hartwig
(b) Address 4030 Lincoln

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Harold Funeral Home
(b) Address 4212 St. Louis Avenue
19. (a) DEC 22 1943 (Date received local registrar) (b) J. F. Brasch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 43 hour 8 minute N-P M.

21. I hereby certify that I attended the deceased from Dec 17 1943 to Dec 18 1943 that I last saw her alive on Dec 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs

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 W. D. ... (M. D. or other) _____
Address 721 - Olive St - St. Louis Date signed 12/21/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Handwritten notes and scribbles, possibly including the name "Howard" and other illegible text.

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 *Joe A Howard*
Licensed Embalmer No. 4139

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.