

FILED JAN 19 1944

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 50

1. PLACE OF DEATH: St. Louis Clayton
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Louis County Hospital
 (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 & days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8936 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Lee Hartz
 3. (b) If veteran, name war no 3. (c) Social Security No. 492-09-2920

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 7
 year 1944 hour 7:30 minute 17 M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased June 4 1909
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 7 1944;
 that I last saw him alive on Jan 6 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Hemorrhage from peptic ulcer Duration 8 mos

8. AGE: Years 35 Months 7 Days 3 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Publico Mo
 (City, county or country) (State or foreign country)

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

10. Usual occupation U.S. Cartridge Co.

Major findings: Of operations _____

11. Industry or business U.S. Cartridge Co.

Of autopsy _____

12. Name Arthur B. Hartz

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?
 _____ (Specify type of place) _____
 While at work? _____ (Specify type of place) _____
 (b) Means of injury _____

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

14. Maiden name unknown

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

16. (a) Informant Virgil E. Hartz
 (b) Address 8936 Burton Ave

17. (a) Removal (b) Date thereof 1-10-44
 (Burial, cremation, or removal) (City) (County) (State) (Year)

(c) Place: burial or cremation Lepay Cliff Mo
 (City, town, or county) (State or foreign country)
 18. (a) Signature of funeral director John S. Stubbart
 (b) Address 1725 Union Blvd.
 19. (a) JAN 10 1944 (b) E. J. McManis, M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature Charles G. Owen (M. D. or other) M.D.
 Address St. Louis Co. Hospital Date signed 1-8-44

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

96
2
3

MOTHER FATHER

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 Agonishi

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.