

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

FILED MAY 13 1944

Registration District No. 5

Primary Registration District No. 4467

Registrar's No. 1055

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Valley Park
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sarkin & Williams Rds. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether years, months or days)
 In this community 1 yr. - 6 mos.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Valley Park, 91
 (If outside the city or town limits, write "RURAL")
 (d) Street No. Sarkin & Williams Rds. / /
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country -- 0

3. (a) PRINT FULL NAME John Henry Hartman,
 3. (b) If veteran, name war none
 3. (c) Social Security No. 486-18-4717

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 6, year 1944 hour 2 minute 15 A. M.

4. Sex male: 0 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Hartman,
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Dec. 24, 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased on May 2nd, 1944, to May 5, 1944, that I last saw him alive on May 5th, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>12</u>	hr. min.

Immediate cause of death Cardiac failure
 Due to Decompensation

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

Due to Chronic valvular heart condition
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

10. Usual occupation Laborer,

11. Industry or business Woodenware Co.

12. Name William Hartman,

13. Birthplace Unknown Germany, 4
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Pillman,

15. Birthplace Franklin Co. Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hartman

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof May 8, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Bethel Cem. in Pond, Mo.

18. (a) Signature of funeral director Elmer Funeral Home
 (b) Address Balwin, Mo.

19. (a) MAY 9, 1944 (b) E. H. McSarran, M.D.
 (Date received local copy) (Registrar's signature)

Major findings:
 Of operations g r d
 Of autopsy

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 0

23. Signature Clara M. Seibert (M. D. or other) M.D.
 Address Valley Park, Mo. Date signed 5/6/44

MAY 17 1944

1944

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..... *Theo Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dalwin, 1/1*

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.