

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16407
4461
Registrar's No.

FILED MAY 20 1944 318

Registration District No. _____ Primary Registration District No. 1003

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:
3132 Maury Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William J. Hartig Sr.,

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 Widowed

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

7. Birth date of deceased August 14th 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

12. Name August Hartig

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

14. Maiden name Clara Schmidt
(City, town, or county) (State or foreign country)

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

16. (a) - Informant Wm. J. Hartig Jr.

(b) Address 3132 Maury

17. (a) Burial (b) Date thereof 5/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director John S. Ziegenhain & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 15 1944 (Date received local registrar) J. F. Bueckel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Rural (If outside city or town limits, write "RURAL.")
(d) Street No. Mehlville, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1944 hour _____ 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5/15/44 to 5/11/44
that I last saw him alive on 5/11/44
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary thrombosis 1 hr.

Due to Emphysema 10 yrs.

Due to V.D.C.C. Medial Sclerosis 20 yrs.

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

Major findings: _____ 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) _____
(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)
(2) Means of injury _____
23. Signature Eugene A. Vogel (M. D. or other) _____
Address 3225 S. Grand Date signed 5/13/44

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

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.....

E. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address. *7027 Harris*

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.