

S. No. 2
DM-1-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22994

FILED JUL 31 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 6432

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
5517 Lillian Ave. 1
(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 or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
(d) Street No. 2504 Crooner St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Fortmann

3. (b) If veteran, name war None 3. (c) Social Security No. 489-05-1155

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Fortmann 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 3rd 1874
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion with Chronic Interstitial Nephritis;

8. AGE: Years 69 Months 7 Days 16 If less than one day _____ hr. _____ min.

Due to _____

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

Due to 1/31 a

10. Usual occupation Mill Worker

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

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name Herman Fortmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Minnie Redemeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ella Fortmann
(b) Address 2504 Crooner Ave.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof July 22 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18. (a) Signature of funeral director Chas. A. Buel
(b) Address 4459 Washington Pl.

(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? _____

19. (a) JUL 21 1944 (b) J. F. Bueck
(Date received local health officer's report) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury 3
23. Signature James J. Fitzsimmons (M. D. or other) _____
Address 1300 Clark Date signed 7-21-44

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

John Letter

Licensed Embalmer No. *3880*

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.