

S. No. 2  
M-8-43  
v. 5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **343**  
Registrar's No. **11281**

FILED JAN 20 1945

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr, 7 mo, 11 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME HARTMAN, PETER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Unknown 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months Unknown Days X If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jugoslavia (City, town, or county) (State or foreign country) \_\_\_\_\_

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Steve Hartman.

13. Birthplace Jugoslavia. (City, town, or county) (State or foreign country) \_\_\_\_\_

14. Maiden name Anna Zuzisyski.

15. Birthplace Jugoslavia. (City, town, or county) (State or foreign country) \_\_\_\_\_

16. (a) Informant Wm. Windsheimer.

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 1/3/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul  
urn c. Nozdel

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 1926 Allegh Ave.

19. (a) JAN 2 1945 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31, year 1944 hour 5:45 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from May 1943 to Dec 31 1944  
that I last saw him alive on Dec 31 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death generalized arteriosclerosis Duration 20 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature J. F. Bredenk (M. D. or other) MD  
Address 5600 Frank St. Date signed 12-31-44

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3241

P.O. Address 1926 Allen

**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.**