V. S. No. 2
00M—5-43
Rev. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7793

FILED APR 13 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3016

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: City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 2750 Chippewa St (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gustav E. Hartzke

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-6776

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Hartzke

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased November 25 1875 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name John Hartzke
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Schultz
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Vogel

(b) Address 5028 Christy Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) APR 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day April year 1945 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1945, to April 2nd, 1945 that I last saw him alive on April 2nd, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations

Of autopsy None

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Smith (M. D. or other) 4/2/45

Address 1515 Lafayette Ave Date signed 4/2/45

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Fahnke

Licensed Embalmer No. 3917

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.