U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED OCT 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31945

Registration District No. 318 Primary Registration District No. Registrar's No. 8792

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Firmin Desloge 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 179
(If outside city or town limits, write "RURAL")

(d) Street No. 3923 Michigan Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hartung, Elizabeth Louise

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep't 22 (Month) (Day) 1862 (Year)

8. AGE: Years 83 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Anthony Hartung
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Inez Brauen
(b) Address 3923 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 45 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cemetery

18. (a) Signature of funeral director Thos Kurtis & Son
(b) Address 2906 Gravois

19. (a) OCT 1 1 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from September fourth, 1945, to Oct. 10, 1945; that I last saw her alive on October 10, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	1 day
Due to: Pneumonectomy of Pritneal Cavity & Colon & Pneumonia	2 weeks
Due to: Unknown Primary Site, Bowel Obstruction Due to Pneumonectomy	1 day
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Pneumonectomy of Pritneal Cavity
Of autopsy as above

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 John Shirley (M. D. or other)

Address 325 Jackson Blvd Date signed 10/14/45

(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 David Van Fossan

Licensed Embalmer No. 42 42

P. O. Address 2 906 Geavis av

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.