

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1428

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #10 Box 544
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. Route #10 Box 544
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August F. Hartwig

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edna Hartwig nee Pesell 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 14, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>19</u>	hr. _____ min.

9. Birthplace Ferguson Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Hartwig

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

14. Maiden name Barbara Erlenwein

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

16. (a) Informant Mrs Edna Hartwig

(b) Address Route #10 Box 544

17. (a) Burial (b) Date thereof 7/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 7-8-46 (b) E. S. McSweeney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3,
year 1946 hour 9:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 17 to July 3, 1946
What I last saw him live on July 3, 1946
and that death occurred on the date and hour stated above.

Immediate causes of death Heart Paralysis Dilatation

Due to Chronic Myo Carditis

Due to Chronic Myo Carditis

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 injury) (e) Means of injury _____

Signature H. S. McSweeney (Date signed 7/11/46)

Address H. S. McSweeney

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 2 1948

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 *Gustav W Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.