

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38679**  
Registrar's No. **10241**

Registration District No. **318**

Primary Registration District No. **1003**

**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:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7416 Minnesota  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Louis R. Hartz  
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 Anna M.  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April 27 1873  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 7 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired painter

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

**MOTHER FATHER**  
12. Name Louis Hartz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Anna Maurer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Hartz  
(b) Address 7416 Minnesota

17. (a) Burial (b) Date thereof 12/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.  
(b) Address 7128 Michigan Ave.

19. (a) **DEC 1 1946** (b) J. F. Budesh  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Nov day 29  
year 1946 hour 9:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 1939  
\_\_\_\_\_ 19 \_\_\_\_\_, to 29 Nov, 1946;  
that I last saw him alive on 29 Nov, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration 30 min.

Due to Carcinoma of left & right lungs 6 mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) HT

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 0

23. Signature M. L. Bartnick (M. D. or other) M.D.  
Address 7629 So. Broadway Date signed 11-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

37459

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**STATEMENT BY LICENSED EMBALMER**

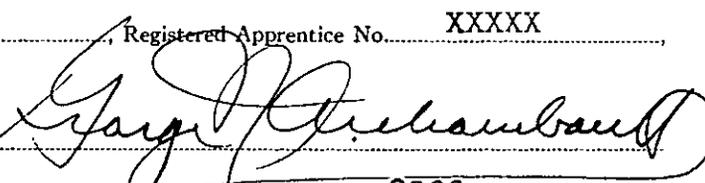
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan Ave.

**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.**