3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22298

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 5180

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 1424 Burd Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 080
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1424 Burd Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Hartung
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Hartung
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 29 (Day) 1868 (Year)
8. AGE: Years 79 Months 3 Days 24 If less than one day hr. min.
9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Herman Nigel
13. Birthplace Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Margaret Kaiser
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Hartung
(b) Address 5515 Hebert St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) MAY 24 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23 year 1947 hour 8 minute 15 A M.
21. I hereby certify that I attended the deceased from May - 17, 19 47, to May 23, 19 47 that I last saw her alive on May 21, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Begin with Ht Disease	5 yrs.
Due to Security	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Chas. S. Rosen (M. D. or other)
Address 539 N. Grand Ave. Date signed 5/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Chas. S. Rosen

MAY 24 1947

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 Albert Mayfield

Licensed Embalmer No. 3077

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.