

B. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22945
State File No. _____
Registrar's No. 1441

Registration District No. _____ Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(c) Name of hospital or institution:
Bellefontaine Rd. Box 648, Route #4.
(d) Length of stay: In hospital or institution None
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural
(d) Street No. Box 648 Route #4 Bellefontaine
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Margaret Hartwig
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John H. Hartwig
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25, 1868

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1st.
year 1947 hour 5:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from Feb. 1946
to July 1947
that I last saw her alive on June 30th
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 1 6 hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 10 years
Due to 93d
Due to _____
Other conditions Scurvy
Major findings: Of operations None
Of autopsy None

9. Birthplace St. Louis Mo.
10. Usual occupation At home

11. Industry or business _____
12. Name Frederick Bohner
13. Birthplace Unknown Germany
14. Maiden name Margaret Roeder
15. Birthplace Unknown Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs Adolf H. Hanser
(b) Address Box 648 Route #4 Bellefontaine Rd.

23. Signature CR Stindge (M. D. or other) (M.D.)
Address 3651 Grand St. Date signed 7/3/47

17. (a) Burial (b) Date thereof 7/5/47
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave.
19. (a) 7-2-47 (b) Cecil J. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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

1991.9.7.1000

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. Dietz*

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.