

S. No. 2  
M-1747  
7-5-17-39

FILED NOV 7 1947 318

1003

State File No. 9963  
Registrar's No.

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:  
DePaul Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 7500 Trenton Avenue 5  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME ELSA HUELSMANN HARTENBACH

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 married

6. (b) Name of husband or wife Casper Hartenbach

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 4, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 10 23 .....hr. ....min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Henry Huelsmann

13. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Von Wehinger

15. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Casper Hartenbach

(b) Address 7500 Trenton Avenue, U. City

17. (a) burial (b) Date thereof 10-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Belmar Bly'd, U. City

19. (a) OCT 28 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th  
year 1947 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1946  
....., 1946, to Oct 27 1947  
that I last saw her alive on Oct 27 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Thrombosis 3 1/2 day

Due to Arteriosclerotic  
Heart disease

Due to Hypertension

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature John E. Shaner (M. D. or other).....  
Address 607 N. Grand Date signed 10/28/47

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

MOTHER FATHER

Dr. John Shaner  
University Club Bldg.  
JE - 0402

3-5-72

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 \_\_\_\_\_

Harold C. Kline, Registered Apprentice No. 4  
working under my personal supervision.

Signed Raymond L. Morris  
Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.