. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39733
Registrar's No. 10914

FILED DEC 6 1947
Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County oad
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2929 Geyer Av. 9
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hartmann, Charles
3. (b) If veteran, name war no
3. (c) Social Security No. 770
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Martha Hartmann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Bartender
11. Industry or business
FATHER
12. Name Bernhard Hartmann
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Kulemann
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Erna Voigt
(b) Address 2929 Geyer Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Evergreen Millstadt Ill.
18. (a) Signature of funeral director Witt Bros & Nu.
(b) Address 2929 S. Jefferson Av.
19. (a) NOV 29 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1947 hour 9:45 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Arteriosclerotic heart disease with decompensation
Due to fibrillation
Other conditions (include pregnancy within 3 months of death) Psychosis with cerebral arteriosclerosis
Major findings: Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address 1515 Lafayette 11/28/47

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

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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Av

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.