S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39735

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10528

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

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: 4134a Michigan Ave., (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 Missouri, (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 4134a Michigan Ave., (If rural, give location) 9

15 0

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

If yes, name country

3. (a) PRINT FULL NAME Mary A. Hartwig,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Henry G. Hartwig,

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

7. Birth date of deceased October (Month) 23, (Day) 1859. (Year)

8. AGE: Years 88 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Chester, (City, town, or county) Illinois, (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Felix Kloss,
13. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Novack,
15. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

16. (a) Informant Henry Hartwig,
(b) Address 3452 Park Ave.,

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 11/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chester, Illinois,

18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St., St. Louis, Mo.

19. (a) NOV 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1947 hour 9: minute 50 A.M.

21. I hereby certify that I attended the deceased from 11-10-47, 19, to 11-14 47, 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature [signature] (M. D. or other)

Address 4065-Salisbury Date signed 11/14/47

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.