S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26836

State File No.

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DANBY — Rural (Blattin)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Danby — Rural 50
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Fred A. Hartmann
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 9, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	9	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business Own Farm
FATHER
12. Name Henry Hartmann
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Louise Neckamp
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Phyllis Miller
(b) Address St. Louis, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory St. Louis, Co. Mo.
18. (a) Signature of funeral director Gentry R. Palette
(b) Address Crystal City, Mo.
19. (a) 8/20/48 (Date received local registrar) (b) Maria Farrier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1948 hour 7 minute 30 A.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 Coronary Thrombosis — Duration
Due to Arterio Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 9/4
Of autopsy

PHYSICIAN
Underline the cause to 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 8/18/48
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? No (e) Means of injury 5
23. Signature T. B. Edwards (M. D. or other) Coroner
Address Cedar Hill, Mo. Date signed 8/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
AUG 24 1948
Date Filed

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 Jeffrey R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, M

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.