FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27783
Registrar's No. 7187

1. PLACE OF DEATH:
(a) County
(b) City or town: Saint Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3942 Carter Avenue (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): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County
(c) City or town: Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3942 Carter Avenue, 7. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mathilda M. Harting
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: Late Julius Harting
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 25th, 1868 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 7 Days: 14 If less than one day: hr. min.

9. Birthplace: Saint Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:

MOTHER
12. Name:
13. Birthplace: Germany (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Charlotte Spilker
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ruth Harting
(b) Address: 3942 Carter Avenue, 7.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Lebanon Cemetery
18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Blvd., 15
19. (a) AUG 12 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 9th year: 1948 hour: 10 minute: 30 P.M.

21. I hereby certify that I attended the deceased from A.J.G. 19 48 to A.J.G. 19 48 that I last saw her alive on 7 A.J.G. 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: UREMIA	5 days
Due to: MYOCARDITIS	1 year
Due to: PARALYSIS LEFT SIDE	3 MO
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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): NO
(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: E. E. King (M. D. or other)
Address: 214 E. Garland Date signed: 12 Aug 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

1:30 to 4:00 P. M. Daily Except Wed.
Ch. 5220

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 Ralph C. Lindell

Licensed Embalmer No. 4275

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.