

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2763

318

1003

State File No. 474

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1527 Switzer Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1527 Switzer Ave.				d. STREET ADDRESS (If rural, give location) 1527 Switzer Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Robert P. Hartig			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 15. 1949			
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 17. 1885		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Cupples-Hesse		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Louis Hartig			13b. MOTHER'S MAIDEN NAME Rose Wein		14. NAME OF HUSBAND OR WIFE Elizabeth Hartig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-03-5542		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Hartig				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arrhythmia fibrillation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 950 4331					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Jan 14, 1949</i> , to <i>Jan 15, 1949</i> , that I last saw the deceased alive on <i>Jan 15, 1949</i> , and that death occurred at <i>9 P. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>N. J. Houch</i>				23b. ADDRESS <i>4302 Reviewer</i>		23c. DATE SIGNED <i>1/17/49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Burial		1/19/49	Calvary Cemetery		St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OFFICE JAN 17 1949		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>M. Work</i> 2117 E. Grand			

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

8902 *Revised*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Frank A. Moore*

Signed
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.