

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2977

10137

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>66</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4230 Grace Av.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olga</u>		b. (Middle) _____		c. (Last) <u>Hartmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 30 1949</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 28 1882</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Theodor Kaltwasser</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Stritter</u>		14. NAME OF HUSBAND OR WIFE <u>Julius Hartmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julius P. Hartmann 4230 Grace Av.</u>			
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) <u>Acute Dilatation of Heart</u>  ANTECEDENT CAUSES <u>Chronic Myocarditis; Myocardial Degeneration</u> <del>305-70-6</del> <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>  <u>6 mos.</u>  <u>"</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <input type="checkbox"/> 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 <u>Oct. 1, 1948</u> , to <u>Mar. 30, 1949</u> , that I last saw the deceased alive on <u>Mar. 30, 1949</u> , and that death occurred at <u>6:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. Peters</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4145 a S. Grand Blvd. 18</u>		23c. DATE SIGNED <u>4/1/49</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Apr. 2 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D. BY LOCAL <u>APR 1 - REG</u>		REGISTRAR'S SIGNATURE <u>J. B. Fosater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u>			

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

15

LO 7733 - 41454  
C. W. ...

*Wm  
Green*

**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 \_\_\_\_\_

*Jack Haupt*

Student Embalmer No. 231

working under my personal supervision.

Signed *Jack Haupt*  
Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. 3565

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.