

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18962

State File No. 1394

317

6076

1394

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Sherman		c. LENGTH OF STAY (in this place) 1 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sherman		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Road				d. STREET ADDRESS (If rural, give location) St. Paul Road			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) S.		c. (Last) Hartmann		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 16, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Hartmann		13b. MOTHER'S MAIDEN NAME Christina Bopp		14. NAME OF HUSBAND OR WIFE Annie Lotz Hartmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Hartmann, Manchester, Mo.			
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) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma, Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 days 4221 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.2		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) (Min.)		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 May 26, 1950 , to June 2, 1950 , that I last saw the deceased alive on June 2, 1950 , and that death occurred at 12:25 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ralph W. Laffey, P.O.				23b. ADDRESS Manchester, Mo.		23c. DATE SIGNED June 2, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 50		24c. NAME OF CEMETERY OR CREMATORY Salem Methodist		24d. LOCATION (City, town, or county) (State) Ballwin, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 3 1950		REGISTRAR'S SIGNATURE Hubert Klomke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home		ADDRESS Ballwin, Mo.	

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

4000

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-----

working under my personal supervision.

Student Embalmer No.

Signed

Theo. A. ...

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, 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.