

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28856

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2018

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give township) **Clayton**
c. LENGTH OF STAY (In this place) **11 days**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Wellston** **4181**
d. STREET ADDRESS (If rural, give location) **1637 Lulu**

3. NAME OF DECEASED
a. (First) **Frederick** b. (Middle) **Oscar** c. (Last) **HARTMANN**
4. DATE OF DEATH (Month) (Day) (Year) **August 22, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **June 12, 1886** 9. AGE (In years last birthday) **64**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Heinrich Hartmann** 13b. MOTHER'S MAIDEN NAME **Louise Niekamp** 14. NAME OF HUSBAND OR WIFE **Amanda Hartmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Robert Craig** ADDRESS **1417 N. 13th, E. St. L., Ill**

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.**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho pneumonia - bilateral**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **Carcinoma of ampulla of Vater**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **8-11-1950**, to **8-22-1950**, that I last saw the deceased alive on **8-22-1950**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Frederic R. Thiel** (Degree or title) **M.D.** 23b. ADDRESS **601 Brentwood, Clayton, Mo.** 23c. DATE SIGNED **8/22/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-25-50** 24c. NAME OF CEMETERY OR CREMATORY **New Bethlehem** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **8-23-50** REGISTRAR'S SIGNATURE **Herbert R. Donke M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

(Licensed Embalmer's Signature on Reverse Side)

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

11/10/54

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.....
Student Embalmer

Signed William B. Kalpara

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.