

No. 300
10-48

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

32035

State File No. _____

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3063 Registrar's No. 2196

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u> | |
| c. LENGTH OF STAY (in this place) <u>1/2 hr</u> | | d. STREET ADDRESS (If rural, give location) <u>6470 PERRY AVE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | |

| | | | | | | | | | | | |
|--|--|----------------------------------|-------------------|--|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>ANNA</u> (Type or Print) | | | b. (Middle) _____ | | | c. (Last) <u>HARTMANN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1950</u> | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | | 8. DATE OF BIRTH <u>MARCH 11th 1884</u> | | 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months Days Hours Mins. <u>6 4</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemp. employe</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>✓</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>John KLEMENT</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY KOETTER</u> | | 14. NAME OF HUSBAND OR WIFE <u>LATE, HERMAN S. HARTMANN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE PENNEBAMP</u> | |
| | | | | ADDRESS <u>6470 PERRY AVE</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>Sodium fluoride poisoning</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | <u>59712</u> | |
| | | 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| | | | | | |
|--|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PINE LAWN ST. LOUIS, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day), (Year) (Hour) <u>9-15-50 11^{PM}</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR <u>SELF INGESTED SODIUM FLUORIDE</u> | |

22. I hereby certify that I attended the deceased from 9-15-1950, to 9-15-1950, that I last saw the deceased alive on 9-15-1950, and that death occurred at 11:20 PM, from the causes and on the date stated above.

| | | | | | | | |
|--|--|----------------------------|--|---|--|------------------------------------|--|
| 23a. SIGNATURE <u>Robert E. White, M.D.</u> | | (Degree or title) <u>D</u> | | 23b. ADDRESS <u>161 Brentwood, Clayton</u> | | 23c. DATE SIGNED <u>9-16-50</u> | |
|--|--|----------------------------|--|---|--|------------------------------------|--|

| | | | | | | | |
|--|--|-----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-19-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
|--|--|-----------------------------|--|--|--|---|--|

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>9-18-50</u> | | REGISTRAR'S SIGNATURE <u>Robert E. White</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Colvin F. Feetz</u> | | ADDRESS <u>4828 Nat'l Bridge St. Louis, Mo.</u> | |
|--|--|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Ralph E. Fendler

Licensed Embalmer No. 1275

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.