

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1588  
Registrar's No. 111

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>111</u>		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus Route # 1</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2027</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4722 Bichelberger</u>				
3. NAME OF DECEASED a. (First) <u>Henry Fred Hartnagel</u>			b. (Middle)			c. (Last)		
4. DATE OF DEATH (Type or Print) <u>Henry Fred Hartnagel</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28, 1951</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>		8. DATE OF BIRTH <u>Oct. 14, 1871</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Month <u>3</u>		IF UNDER 1 YEAR Days <u>14</u>		IF UNDER 1 MIN. Hours <u>14</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Collector</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>			11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Frederick Hartnagel</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Mutter</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie K. Smith</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 ADDRESS <u>Wesley Hartnagel 3640 Childress</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Sclerosis Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aortic Aneurysm</u>						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>1047</u>						
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)		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 <u>8/27</u> , 19 <u>40</u> , to <u>1/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/24/51</u> , 19 <u>51</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter H. Hoffmeister M.D.</u>				23b. ADDRESS <u>3108 South Grand</u>		23c. DATE SIGNED <u>1-31-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-31-51</u>		REGISTRAR'S SIGNATURE <u>Eleanor Horne</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 6404 Chippewa St.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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



*Dr. Thefer*  
*3108 So Grand*

**JEFFERSON COUNTY HEALTH DEPT.**  
**HILLSBORO, MISSOURI**

**DATE RECEIVED** *8-7-21*

**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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7514 S Broadway*

**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.