No. 300
10.48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6940

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 456

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood, Missouri
c. LENGTH OF STAY (in this place): 1 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Granite City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite City
d. STREET ADDRESS (If rural, give location): 2027 Cleveland

8130

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle):
c. (Last): Hartmann

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 19, 1901
9. AGE (In years last birthday): 49 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Edward Hartmann
13b. MOTHER'S MAIDEN NAME: Lucy Renick
14. NAME OF HUSBAND OR WIFE: Mrs. Angeline 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.: Unk.
17. INFORMANT'S SIGNATURE OR NAME: Hartmann, Arthur — **ADDRESS:** Same

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Mid Cereb. A. BR.) — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — 4 yrs.
DUE TO (c) Nephrosclerosis, Kidneys — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular Dis. — ?

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
442-X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Jan 2, *19* 51, *to* Feb. 16, *19* 51, *that I last saw the deceased alive on* Feb. 16, *19* 51, *and that death occurred at* 9:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Sage, S A Surg. USPHS
23b. ADDRESS: U.S. Marine Hospital, Kirkwood
23c. DATE SIGNED: Feb. 17, 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-17-1951
24c. NAME OF CEMETERY OR CREMATORY: Undecided
24d. LOCATION (City, town, or county) (State): Granite City Ill

DATE REC'D BY LOCAL REG.: 2/18/51
REGISTRAR'S SIGNATURE: Herbert P. Hombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Pieper Funeral Home
ADDRESS: Granite City Ill

(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.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Peter J. Dubreuiller

Licensed Embalmer No. 3691

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.