S. No. 300
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FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10173

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2591

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

1. PLACE OF DEATH
a. COUNTY ~~City~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis. Mo.
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 5252 Lansdowne Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2149
d. STREET ADDRESS (If rural, give location) 5252 Lansdowne Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) NICHOLAS
c. (Last) HARTMANN

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1951

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 12, 1874
9. AGE (In years last birthday) 77 — 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) Broker
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Hartmann
13b. MOTHER'S MAIDEN NAME Charlotte
14. NAME OF HUSBAND OR WIFE Adele C. 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. 492-05-4622
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer H. Oechsle 5252 Lansdowne ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH ~~[illegible]~~ 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart disease

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 151X

22. *I hereby certify that I attended the deceased from* 7-24, 1950 *to* 3-20, 1951, *that I last saw the deceased alive on* 3-19, 1951, *and that death occurred at* 1-10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. K. Fuskel MD - 0
23b. ADDRESS 3604 Washington
23c. DATE SIGNED 3-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2
24b. DATE 3-20-51
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. MAR 20 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sam ADDRESS 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr Fischer
Humboldt-Belg
Je 1800

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E McCullin

Licensed Embalmer No. 2760

P. O. Address 6120 Delmar

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.