

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14-442

State File No. ....

FILED MAY 9- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3615**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>ST. LOUIS, MO</b>		a. STATE <b>MISSOURI</b>	b. COUNTY <b>ST. LOUIS</b>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		17. OR TOWN <b>ST. LOUIS Kirkwood</b>	
		d. STREET ADDRESS (If rural, give location) <b>220 Monica Dr. 1773</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>FRED</b>	b. (Middle) <b>J.</b>	c. (Last) <b>HARTZKE</b>	8. DATE OF BIRTH <b>3-26-1910</b>		9. AGE (In years last birthday) <b>42</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>		10b. KIND OF BUSINESS OR INDUSTRY
			11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Frederick Hartzke</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Schmidt</b>		14. NAME OF HUSBAND OR WIFE <b>Doris Hartzke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Doris Hartzke</b> ADDRESS <b>220 Monica Dr.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEPATIC INSUFFICIENCY</b>		DUE TO (b) <b>CIRRHOSIS OF LIVER</b>			<b>6 MO.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
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)		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? <b>5810</b>		

22. I hereby certify that I attended the deceased from **MAR. 31, 1952**, to **APR. 16, 1952**, that I last saw the deceased alive on **APR. 16, 1952**, and that death occurred at **8:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>JR Bradley</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>4/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	

DATE REC'D BY LOCAL REG. <b>ARB-17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home 2301 Lafayette</b>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. G. Jarvis*  
Licensed Embalmer No. 2301 Lafayette  
P. O. Address 3384

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.