

SEP 3-1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29554**
Registrar's No. **7873**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2236	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 23 1528 Lafayette Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) J. c. (Last) Hartmann		4. DATE OF DEATH (Month) (Day) (Year) August 18 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 2	8. DATE OF BIRTH Oct. 27, 1893
9. AGE (in years last birthday) 58		10. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.	11. BIRTHPLACE (City and State or Foreign Country) Pittsburgh, Pa.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Herman Busekrus	13b. MOTHER'S MAIDEN NAME Dorothy Lang	14. NAME OF HUSBAND OR WIFE Peter Hartmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Emma Bresnan, 1528 Lafayette Ave.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia		unknown
	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. Ventral hernia partial obstruction			1 wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Ventral hernia partial intestinal obstruction	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5613

22. I hereby certify that I attended the deceased from **8-15, 1952**, to **8-18, 1952**, that I last saw the deceased alive on **8-18, 1952**, and that death occurred at **4:07P m.**, from the causes and on the date stated above.

23a. SIGNATURE As Klein M.D.	23b. ADDRESS 2632 to Kingshighway	23c. DATE SIGNED 8/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 21, 1952	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. AUG 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Arnold Klein
2632 So. Kingshighway
LA 7475

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 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.