

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33637

State File No. _____

FILED SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2362

002
02

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woodson Terrace</u> <u>4870</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>9337 Bataan Dr.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Hartman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 7, 1952</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1912</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>40</u>	
--------------------	-------------------------------	---	---------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Arthur Hartman</u>	13b. MOTHER'S MAIDEN NAME <u>Letitia Irwin</u>	14. NAME OF HUSBAND OR WIFE <u>Hope Hartman</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>487 22 6163</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hope Hartman</u> ADDRESS <u>9337 Bataan Dr.</u>
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral damage suffered when he fell from roof of building while attempting to erect aerial - his head striking the concrete pavement in the yard.</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</i> DUE TO (b) <u>attempting to erect aerial - his head striking the concrete pavement in the yard.</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Woodson Terrace - St. Louis, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-7-52 12:15 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall from roof</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED _____
--	--------------------	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8)13)52</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-11-52</u>	REGISTRAR'S SIGNATURE _____	FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u> ADDRESS <u>10123 St. Char. Ad.</u>
---	-----------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.