

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43481**

ED JAN 10 1953

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **11683**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 24 2217a Keokuk	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) M. c. (Last) HARTMAN		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 16, 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 8, 1887
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Aloys Hartmann		13b. MOTHER'S MAIDEN NAME Anna Leight	14. NAME OF HUSBAND OR WIFE Gertrude Hartmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 486 22 2165	17. INFORMANT'S SIGNATURE OR NAME Gertrude Hartmann, 2217a Keokuk, St. Louis
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) <u>Cancer of the lower lip.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (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.		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 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 140X			
22. I hereby certify that I attended the deceased from <u>11-17-52</u> , 19 <u>52</u> , to <u>12-16-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-16-52</u> , 19 <u>52</u> , and that death occurred at <u>6:20P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William R. Cole</u>		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 12-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Dec. 20, 1952	
24c. NAME OF CEMETERY OR CREMATORY SS Pefer & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 19 1952		REGISTRAR'S SIGNATURE <u>Paul Smith MO</u> 2283	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette		ADDRESS	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.