

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8252

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>436</u>	
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> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		459	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>69 N. GORE AVE</u>				d. STREET ADDRESS (If rural, give location) <u>69 N GORE AVE 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN HARTMANN</u>			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH <u>FEB-4-1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, REVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>June 5-1874</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WATERLOO ILL</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WATERLOO ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>LIZZIE HARTMANN</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>492-36-4898</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LIZZIE HARTMANN</u> ADDRESS <u>WEBSTER GROVES MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>					
19a. DATE OF OPERATION <u>Apr. 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestible Carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>Feb 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>53</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Deebaugh</u> (Degree or title)			23b. ADDRESS <u>M D Webster Groves Mo</u>			23c. DATE SIGNED <u>2-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-7-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK-HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD - MO</u>	
DATE REC'D BY LOCAL REG. <u>2-5-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Member - Aldrich - Fun Home</u> ADDRESS <u>Webster Groves Mo</u>		

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

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address *Hoboken, N.J.*

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.