

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11661**
Registrar's No. **3060**

FILED APR 4 1953

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 _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (In this place) **47 yrs**
c. CITY OR TOWN **St. Louis** d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3314a Texas Av.**
e. STREET ADDRESS (If rural, give location) **24 3314a Texas Ave.**

3. NAME OF DECEASED a. (First) **MATHILDA** b. (Middle) _____ c. (Last) **HARTENBERGER**
4. DATE OF DEATH (Month) (Day) (Year) **March 19, 1953**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **March 15, 1886** 9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **at home**
11. BIRTHPLACE (City and State or Foreign Country) **Jacob, Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Stueven** 13b. MOTHER'S MAIDEN NAME **Anna Hollmann** 14. NAME OF HUSBAND OR WIFE **Wm. H. Hartenberger**

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 **Wm. H. Hartenberger** ADDRESS **3314a Texas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Carcinoma of the ascending colon with intra-abdominal metastases**
ANTECEDENT CAUSES **Hypertension - essential**
Morbidity 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 **Hypertension - essential**
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **3 years**

19a. DATE OF OPERATION **1951** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Cecum & ascending colon** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **3-11-1952**, to **3-19-53**, that I last saw the deceased alive on **3-19-53**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm. H. Hartenberger** (Degree or title) _____ 23b. ADDRESS **3201-58 grand St. Louis, Mo** 23c. DATE SIGNED **3-20-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **March 23, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Our Redeemer Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **MAR 21 1953** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Beiderwieden F.H. Inc.** ADDRESS **1936 St. Louis Ave.**

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

Dr. Thos. A. Wayland,
3201a So. Grand Ave.
2-5 P.M.
7 P.M.

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 _____
Signature of Student Embalmer

Signed Delis J. Krupar
Licensed Embalmer No. 34
P. O. Address M. Lane

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.